Glasgow City
IJB
Integration Joint Board

Item No.   10

Meeting Date: **Wednesday 13th September 2023**

Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee

Report By: **Allison Eccles, Head of Business Development**

Contact: **Duncan Goldie, Performance Planning Manager**

Phone: **0141 287 8751**

HSCP Performance Report Q1 2023/24

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1 of 2023/24 for noting. The Finance Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Lead for Children's Services.
Background/Engagement:	The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance Report would be produced and presented to them at each meeting, with specific service areas focused upon and relevant Service Leads in attendance.
Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☐
Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to:

	a) note the attached performance report; b) consider the exceptions highlighted in section 4.3; and c) review and discuss performance with the Strategic Lead for Children's Services.

Relevance to Integration Joint Board Strategic Plan:
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focused.

Personnel:	There is a Human Resources (HR) section within the report which contains HR KPIs.

Carers:	A KPI in relation to Carers is included within the Older People's section of the report (KPI 14).

Provider Organisations:	None.

Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.

Fairer Scotland Compliance:	N/A

Financial:	None.

Legal:	None.

Economic Impact:	None.

Sustainability:	None.

Sustainable Procurement and Article 19:	None.

Risk Implications:	None.

Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes social work performance indicators.

Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance e framework includes health performance indicators.

1. **Purpose**

   To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1 of 2023/24 for noting. The Finance Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Lead for Children's Services.

2. **Background**

2.1 These reports are one component of the internal scrutiny arrangements which have been put in place across the Health and Social Care Partnership. Other processes have been established to oversee and scrutinise financial and budgetary performance, clinical and care governance, and the data quality improvement regime.

3. **Reporting Format**

3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.

3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below.

   i. Local Health and Social Work Indicators (chosen locally by the Partnership).

   ii. NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)

   iii. National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).

   iv. Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)

   v. Scottish Public Services Ombudsman (SPSO) Statutory Indicators. It is a requirement that public bodies record and report on complaints, FOIs and Subject Access Requests made at a local level.

3.3 Along with the National Integration Indicators, a core set of strategic local indicators from this report are included in the HSCP's Annual Performance

Report and are used to show trends over time. These are noted in Appendix 4.

3.4 Service Leads are asked annually to review their KPIs and targets. Any changes for 2023/24 have been incorporated into the body of this report and are highlighted for each individual indicator affected.

4. Summary

4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods for each care group. A second table then lists all of the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.

4.2 The attached report provides details of performance for all indicators at city and locality levels, including trends over time. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement; as well as for those indicators which have changed their RAG status in a positive direction.

Exceptions

4.3 At Q1, 51 indicators were GREEN (53.1%); 37 RED (38.6%); 7 AMBER (7.3%) and 1 GREY (1%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Older People & Carers	Page
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	24
3. Percentage of service users leaving the service following Reablement period with no further home care support.	27
6. Provided Residential Care – Review Rates	29
9. Intermediate Care: Average Length of stay (Days)	32
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year	35
Unscheduled Care	
2. A&E Waits Less Than 4 Hours (%) (QEUH) (GRI)	41
4. Number of Unscheduled Hospital Bed Days - Acute (18+)	43
7. Total Number of Acute Delays	46
8. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)	48
Children's Services	
1. Uptake of the Ready to Learn Assessments - *North East, North West and South*	52

Changes in RAG Status

4.4　There has been a change in RAG status for **14** indicators since the last report. Of these, performance improved for **10** and declined for **4**.

i. Performance Improved

A) RED TO GREEN
Older People & Carers
8. Intermediate Care: Percentage Occupancy
Children's Services
2. Percentage of HPIs allocated by Health Visitors by 24 weeks (North West)
5. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days (<5s)
6. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral (South)
Health Improvement
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
Business Processes
7. Percentage of elected member enquiries handled within 10 working days.
B) RED TO AMBER
Children's Services
5. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days (ages 5-18)
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill)
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) (Leverndale)

ii. Performance Declined

A) GREEN TO RED
Older People & Carers
3. Percentage of service users leaving the service following reablement period with no further home care support.
Business Processes
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)
B) AMBER to RED
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Gartnavel)
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) (Stobhill)

5. Recommendations

5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:

a) note the attached performance report.
b) consider the exceptions highlighted in section 4.3; and
c) review and discuss performance with the Strategic Lead for Children's Services.

CORPORATE PERFORMANCE REPORT

QUARTER 1
2023/24

CONTENTS

1. PERFORMANCE SUMMARY

1. Key to the Report

Outlined below is a key to the classifications used in this report.

Classification		Key to Performance Status	Direction of Travel - Relates to change between the last two quarters or last two reporting periods for which information is available	
🔴	**RED**	Performance misses target by 5% or more	▲	Improving
🔺	**AMBER**	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
✅	**GREEN**	Performance is within 2.49% of target	▼	Worsening
⬜	**GREY**	No current target and/or performance information to classify performance against.	**N/A**	This is shown when no comparable data is available to make trend comparisons

2a. Summary

The table below compares the overall RAG rating for each care group between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available. Table 2b provides the detail for each individual Key Performance Indicator.

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
	🔴	🔺	✅	◻	🔴	🔺	✅	◻
Older People & Carers	5 (27.8%)	2 (11.1%)	11 (61.1%)		5 (29.4%)	2 (11.8%)	10 (58.8%)	
Unscheduled Care	5 (50%)		5 (50%)		5 (55.6%)		4 (44.4%)	
Primary Care			2 (100%)				2 (100%)	
Children's Services	9 (56.2%)	1 (6.3%)	6 (37.5)		4 (26.7%)	2 (13.3%)	9 (60.0%)	
Adult Mental Health	6 (60%)	3 (30%)	1 (10%)		4 (40%)	3 (30%)	2 (20%)	1 (10%)
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	4 (50%)		4 (50%)		4 (50%)		4 (50%)	
Homelessness	3 (33.3%)		6 (66.7%)		3 (33.3%)		6 (66.7%)	
Criminal Justice			6 (100%)				6 (100%)	

Health Improvement	3 (42.9%)		4 (57.1%)		2 (28.6%)		5 (71.4%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	5 (71.4%)		2 (28.6%)		5 (71.4%)		2 (28.6%)	
TOTAL No. and (%)	**45 (45.4%)**	**6 (6.1%)**	**48 (48.5%)**		**37 (38.6%)**	**7 (7.3%)**	**51 (53.1%)**	**1 (1%)**

2b. Performance at a Glance

The table below presents a summary of performance at a city-wide level for the performance measures contained within the body of this Combined Performance Report and shows any changes in RAG status in the last period. The main body of the performance report provides locality and trend information and summarises actions being taken to improve performance where relevant.

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Older People & Carers				
Home Care, Day Care and Residential Services				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	reduced from 85% to **80%** for 23/24	Q1	64% 🛑	▼
2. Percentage of service users who receive a reablement service following referral for a home care service.	increased from 70% to **75%** for 23/24	Period 4 (Jun)	Hosp. discharges 74.2% ✅ Community Referrals 84.0% ✅	Hosp ▲ Comm ▲
3. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Period 4 (Jun)	32.6% 🛑	▼ ✅ to 🛑
4. Day Care (provided) – Review Rates	95%	Q1	92% ⚠️	▶
5. Provided Residential Care – Occupancy Rates	95%	Q1	94% ✅	▼
6. Provided Residential Care – Review Rates	95%	Q1	84% 🛑	▼

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
ii. Commissioned Services					
7. Number of Clustered Supported Living tenancies offered to Older People		75 per annum (19/quarter)	Q1	32 ✅	▲
8. Intermediate Care: Percentage Occupancy.		90%	Jun 23	94% ✅	▲ 🔴 to ✅
9. Intermediate Care: Average Length of stay (Days).		< 28 days	Jun 23	53 days 🔴	▲
10. Intermediate Care: Percentage of users transferred home.		>30%	Jun 23	29% 🔺	▶
iii. HSCP Community Services					
11. Number of Anticipatory Care Plan (ACP) summaries completed and shared with the patient's GP. For 23/24 the *Number of Conversations* part of this indicator has been removed.		Target has increased for 23/24 from 50 to 260 summaries per annum	Q1	113 ✅	▲
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year		0%	Q1	7% 🔴	▲
13. **New KPI from 23/24** – Number of Telecare referrals	**(i) Outcome 1** Reducing the risk of admission to acute, residential and nursing care settings	560 per annum	Q1	343 ✅	N/A

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
received by Reason for Referral	**(ii) Outcome 2** Avoiding hospital discharge delays	650 per annum	Q1	170 ✅	N/A
	(iii) Outcome 3 Supporting Carers	100 per annum	Q1	25 ✅	N/A
14. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement		1,900 per annum	Q1	783 ✅	▲
Unscheduled Care					
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)		153,791 (12,816/ month)	Full year 2022/23	141,729 (11,811 per month) ✅	▼
2. A&E Waits Less Than 4 Hours (%)		95%	Jun 23	GRI – 57.1% 🛑 QEUH – 55.2% 🛑	GRI ▲ QEUH ▲
3. Number of Emergency Admissions (18+) (reported in arrears)		66,624 (5552/month)	Full year 2022/23	55,372* (4614* per month) *provisional ✅	▲
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)		453,866 (37,822/ month)	Full year 2022/23	494,048* (41,171* per month) *provisional 🛑	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+) (reported in arrears)	33,260 (2,772 per month)	Full year 2022/23	722* (60* per month) *provisional ✅	▶
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 (15,114 per month)	Full year 2022/23	162,793* (13,566* per month) *provisional ✅	▼
7. Total number of Acute Delays	120	Jun 23	126 (Total) 65 (Non-AWI) 61 (AWI) 🛑	Total ▲ Non-AWI ▲ AWI ▼
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	39,919 (Monthly ave 3,327)	Full year 2022/23	74,875 (6,240 per month) 🛑	▲
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q4	76.41% ✅	▼
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Mar 23	£160.2 ✅	▼
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Jun 23	NE 80% 🛑 NW 86% 🛑 S 86% 🛑	NE ▲ NW ▼ S ▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of HPIs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Apr 23	NE 93% ✅ NW 93% ✅ S 96% ✅	NE ▼ NW ▲ 🔴 to ✅ S ▼
3. Number of referrals being made to Healthier, Wealthier Children Service	1533 annually/ 383 per quarter across city	Q1	704 ✅	▼
4. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review.	90%	Q1	54% 🔴	▼
5. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days	100%	Q1	100% ✅ (<5s) 86% 🔺 (5-18)	▲ (<5s) 🔴 to ✅ ▲ (5-18) 🔴 to 🔺
6. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q1	61% ✅	▲ 🔴 to ✅
7. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q1	78% ✅	▼
8. Number of out of authority placements – *Revised indicator from Q3 22/23*	30 by end of 22/23.	Q1	30 ✅	►
9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q4	92.27% 🔺	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q4	94.86% ✅	▼
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Jun 23	NE 49.0% 🔴 NW 95.5% ✅ S 90.0% ✅	NE ▼ NW ▲ S ▲ 🔴 to ✅
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Jun 23	Stob 29.1 🔺 Lev 33.5 🔴 Gart 34.6 🔴	Stob ▲ 🔴 to 🔺 Lev ▼ Gart ▼ 🔺 to 🔴
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Jun 23	Stob 101.9% 🔴 Lev 99.4% 🔺 Gart 98.2% 🔺	Stob ▼ 🔺 to 🔴 Lev ▲ 🔴 to 🔺 Gart ▲
4. Total number of Adult Mental Health delays **Revised Indicator from 23/24**	**Target to be confirmed**	Jun 23	24 Total 22 (Non-AWI)/ 2 (AWI)	⬜
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q4	96% ✅	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Sandyford (Sexual Health)				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered	1354 per quarter	Q1	1,393 ✅	▼
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered	1166 per quarter	Q1	1,859 ✅	▲
3. Median waiting times for access to Urgent Care appointments.	2 Working Days	Q1	1 day ✅	►
4 &5. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	4 (13-15) 27 (16-17)	Q1	7 ✅ (13-15) 23 🛑 (16-17)	▲ (13-15) ▲ (16-17)
6 & 7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	75 (13-15) 195 (16-17)	Q1	71 🛑 (13-15) 150 🛑 (16-17)	▲ (13-15) ▲ (16-17)
8. Waiting times for access to TOPAR appointments	5 working days	Q1	7 🛑	▼
Homelessness				
1.Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q1	99% ✅	►
2. Percentage of live homeless applications over 6-month duration at the end of the quarter.	<40%	Q1	46% 🛑	▼
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 3,750/938 per quarter	Q1	1,007 ✅	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Average number of weeks from assessment decision to settled accommodation.	26 weeks	Q1	45 weeks 🛑	▲
5. Number of households reassessed as homeless or potentially homeless within 12 months. (reported in arrears)	<480 per annum (<120 per quarter)	Q1	75 ✅	▲
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q1	100% ✅	►
7. Number of new Housing First tenancies created	280 by year end 22/23	Q1	293 ✅	▲
8. Number of Households in Bed & Breakfast Accommodation	395 or less by end of 22/23.	Q1	725 🛑	▼
9. Number of Temporary Furnished Flats	2,400 or less by end of 22/23.	Q1	2,415 ✅	▼
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q1	85% ✅	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. i) Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days 2ii). % of Drug Treatment and Testing Orders (DTTO) with a Case Management Plan within 20 days (Drug Court) 2iii). % of Licences with a Case Management Plan within 20 days (Clyde Quay)	85%	Q1	99% ✅	▲
3. Percentage of 3-month Reviews held within timescale	75%	Q1	85% ✅	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q1	85% ✅	▶
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q1	79% ✅	▼
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison	80%	Q1	100% ✅	▲
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	5066 (annual)	Q1	3,017 ✅	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 for 22/23	22/23 Annual Total	1050 🛑	▲
3. Women smoking in pregnancy (general population)	11%	Q4	8.4% ✅	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Women smoking in pregnancy (most deprived quintile)	15.5%	Q4	13.9% ✅	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33% by end of 22/23	Q4	31.1% 🛑	▲
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4% by end of 22/23	Q4	25.0% ✅	▲ 🛑 to ✅
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30.0% for 22/23	Q4	22.4% ✅	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Jun 23	6.82% 🛑	▲
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8/ 4-week period	Period 4 (Jun)	2.6 🛑	▼
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	80%	Jun 23	35.4% 🛑	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Jun 23	52% 🛑	▼
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Jun 23	44% 🛑	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q1	93.4% ✅	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q1	65.3% 🛑	▼ ✅ to 🛑
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q4	62% 🛑	▶
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q4	56% 🛑	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported in arrears)	100%	Q4	90% 🛑	▲
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q4	40% 🛑	▲
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q1	80% ✅	▲ 🛑 to ✅

1. OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

Indicator	1. Home Care: Percentage of older people (65+) reviewed in the last 12 months
Purpose	To monitor the extent to which home care packages are reviewed. This should be at least annually to ensure that service users are receiving the right level and type of service. The calculation is based on service users in receipt of a home care service for more than a year, and who have had a review activity completed within the last 12 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

Locality	Target	20/21	21/22				22/23				23/24
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	**80% from 23/24** **(85% prior to 23/24)**	73% (R)	84% (G)	85% (G)	84% (G)	76% (R)	69% (R)	69% (R)	67% (R)	66% (R)	64% (R)
North East		80% (R)	88% (G)	90% (G)	89% (G)	83% (G)	81% (A)	81% (A)	76% (R)	74% (R)	72% (R)
North West		77% (R)	84% (G)	82% (A)	81% (A)	71% (R)	70% (R)	70% (R)	61% (R)	57% (R)	59% (R)
South		66% (R)	81% (A)	85% (G)	83% (G)	76% (R)	62% (R)	62% (R)	65% (R)	67% (R)	63% (R)

Performance Trend
Target reduced from 85% to 80% for 23/24. There was a further decline in performance during Q1 in the city overall, and in North East and South. Performance in North West improved slightly but remained RED.
Issues Affecting Performance
The main issues affecting performance within this quarter remains as long term sickness absence and vacancies within the assessment team. Staffing has taken longer than expected to recruit to posts, we are working with HR to complete recruitment checks and fill 7 outstanding vacancies, these vacancies equate to a 25% reduction in the staffing resource, the reviews are being prioritised against new service users to prevent any waiting lists. Work is continuing to ensure Social Care Workers activities held on Carefirst 6 (CF6) are up to date to support the HSCP data quality exercise. Due to CF6 not being replaced with another system the service is now reviewing all protocols and procedures in respect of data cleansing to ensure the review activity is captured correctly, this included changing the activity to a home care review rather than a generic 'review assessment' so to capture what is overdue from home care versus other CF6 users who use the same activity class. This should improve the data recording quality and also allow further prioritisation of annual reviews.
Actions to Improve Performance
The aim is to continue to recruit against vacant posts and cover long-term absences with additional hours or overtime, the previous recruitment has stabilised the service.

The activity and review system is actively being evaluated and improved with the aim being to increase the capacity of the Reablement team.

Timescales for Improvement

It is expected that performance will return to target by the end 2023 – it will take time for new staff to embed into the role and inducted and trained with all areas of this role including, review activities. In the meantime, there is a number of reviews that are carried out by the duty system and we are looking to establish a different reporting system that will reflect this work.

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Indicator	2. Percentage of service users who receive a reablement service following referral for a home care service
Purpose	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. Information is reported by calendar monthly financial periods.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

Referral Source	Target	21/22			22/23				23/24		
		Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sept) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Quarter 1		
									Per 1+2 (Apr) %	Per 3 (May) %	Per 4 (Jun) %
Hospital Discharges	75% (23/24)	76.0 (G)	67.9 (A)	71.7 (G)	66.3 (R)	67.6 (A)	75.6 (G)	70.1 (G)	79.6 (G)	76.1 (G)	74.2 (G)
Community Referrals	(70% prior to 23/24)	75.3 (G)	66.0 (R)	72.5 (G)	72.3 (G)	76.7 (G)	77.2 (G)	79.6 (G)	83.9 (G)	90.6 (G)	84.0 (G)

Performance Trend

Target increased from 70% to 75% for 23/24.

Performance in relation to Hospital Discharges and Community Referrals met or exceeded target during each month of the quarter. There was significant improvement in both areas in comparison to Q4, particularly for Community Referrals where the figure for May rose to above 90%.

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Indicator	3. Percentage of service users leaving the service following Reablement period with no further home care support.
Purpose	The Reablement service provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The two key objectives of the service are to promote independence and reduce dependency. Greater independence can be measured by a reduction in future home care requirement. The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes. Information is reported by calendar monthly financial period.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

Locality	Target	21/22			22/23				23/24		
									Quarter 1		
		Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Per 1+2 (Apr) %	Per 3 (May) %	Per 4 (Jun) %
City	>35%	38.3 (G)	42.3 (G)	39.4 (G)	36.5 (G)	36.3 (G)	41.1 (G)	36.2 (G)	39.6 (G)	31.2 (R)	32.6 (R)
North East		50.0 (G)	37.9 (G)	38.6 (G)	40.0 (G)	36.5 (G)	39.5 (G)	44.4 (G)	47.4 (G)	42.3 (G)	26.5 (R)
North West		39.6 (G)	46.4 (G)	45.5 (G)	38.6 (G)	46.4 (G)	47.3 (G)	38.1 (G)	41.9 (G)	33.0 (R)	37.9 (G)
South		31.6 (R)	40.5 (G)	34.3 (G)	33.0 (R)	29.4 (R)	37.8 (G)	31.3 (R)	35.4 (G)	25.2 (R)	31.4 (R)

Performance Trend
Performance varies across locality and over time. At city level and in South performance dipped from GREEN to RED during May and June. In North East performance remained GREEN in April and May before dipping to RED in June and in North West performance dipped to RED in May before moving back to GREEN in June.

Issues Affecting Performance
KPI's have dropped this quarter due to long term sick, and maternity leave which we have been unable to replace through temporary posts.

Actions to Improve Performance
Team briefings have taken place in order to maximise reablement potential, screening criteria has been reviewed. All new service users are in scope to receive a period of reablement, whereby there may not be a reduction in packages or number of service users leaving the service, however a total reduction in overall hours should increase.

Timescales for Improvement
As recruitment is actively ongoing, we should see an improvement by Quarter 3.

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Target/Ref	4. Day Care (provided) - Review Rates
Purpose	To monitor the extent to which reviews for day care service users are being undertaken within the target 6-month period. This indicator reports on review rates for service users in receipt of day care provided by our own local authority run units.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

Target	19/20			20/21	21/22		22/23				23/24
	Q2	**Q3**	**Q4**	**Q1-4**	**Q1-3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
95%	**98% (G)**	**97% (G)**	**100% (G)**	**N/A***	**N/A***	**91% (A)**	**93% (G)**	**93% (G)**	**86% (R)**	**92% (A)**	**92% (A)**

Performance Trend

*Day Care Centres were closed in March 2020 as a result of the Covid-19 outbreak; Q4 21/22 was the first reportable quarter.

During Q1 performance for this indicator remained below target (AMBER).

Issues Affecting Performance

This is a stable position from the previous quarter with a continued focus on conducting 6 monthly reviews of service users within the service. This is expected to continue for the next period.

Actions to Improve Performance

Reviews continue to be scheduled for those in scope with the intention of positively impacting on this percentage in future quarters.

Timescales for Improvement

Q2 & Q3 of 2023/24.

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Target/Ref	5. Provided Residential Care Homes – Occupancy Rates
Purpose	To monitor occupancy rates within our own local authority run residential care homes (provided).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

	20/21		**21/22**				**22/23**				**23/24**
Target	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
95%	**85% (R)**	**93% (G)**	**94% (G)**	**97% (G)**	**97% (G)**	**96% (G)**	**97% (G)**	**96% (G)**	**96% (G)**	**95% (G)**	**94% (G)**
Performance Trend											
The residential occupancy rate continued to be within the target range (GREEN) at the end of Q1. Back to Summary											

Target/Ref	6. Provided Residential Care – Review Rates
Purpose	To monitor the extent to which reviews for care home residents are being undertaken within the target 6-month period. This indicator reports on the review of residents in our own local authority residential care homes.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

		20/21		21/22				22/23				23/24
Target		Q1-3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
95%		N/A*	100% (G)	24% (R)	96% (G)	97% (G)	99% (G)	95% (G)	95% (G)	93% (G)	89% (R)	84% (R)

Performance Trend
Performance fell further during Quarter 1 with the RAG rating remaining RED. Currently care home residents have 2 reviews per annum; one an in-house review carried out by the care home management team while the other is a statutory review carried out by a social worker. *2020-21* *No face-to-face reviews were carried out in our Care Homes during 20/21 Quarters 1 to 3 because of the ongoing Covid-19 pandemic and consequently data is not available for this period.*

Issues Affecting Performance
Review activity has been impacted on focused work on reviews for residents with increased dependency resulting in changes in category of care.

Actions to Improve Performance
Statutory reviews to be scheduled by the Care Home Review Team as part of COVID-19 recovery planning. Action plan for improvement in review processes both internally to the care homes and to statutory reviews developed in collaboration with Care Home Review Team.

Timescales for Improvement
Q2 and Q3 of 23/24 Back to Summary

ii. Commissioned Services

Indicator	7. Number of Clustered Supported Living tenancies offered to Older People
Purpose	To monitor the number of tenancies offered by Registered Social Landlords (RSLs) that may be used for the purpose of delivering both a suitable tenancy and a package of social care to maintain an older person in the community where the alternative may have been admission to residential care. This model of care is called Clustered Supported Living and supports the Maximising Independence Strategy which seeks to shift the balance of care by enabling greater numbers of older people to be supported at home for longer.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	21/22 Total	22/23					23/24
			Q1	Q2	Q3	Q4	22/23 Total	Q1
City	**75 per annum (19 per quarter)**	**84 (G)**	**19 (G)**	**25 (G)**	**16 (R)**	**23 (G)**	**83 (G)**	**32 (G)**
North East	25 per annum (6 per quarter)	35 (G)	8 (G)	5 (R)	4 (R)	4 (R)	21 (R)	7 (G)
North West		23 (R)	5 (R)	7 (G)	6 (G)	7 (G)	25 (G)	8 (G)
South		26 (G)	6 (G)	13 (G)	6 (G)	12 (G)	37 (G)	17 (G)

Performance Trend

Both the city and locality targets for the number of Supported Living tenancies offered to Older People was exceeded during Quarter 1 (GREEN).

Updates - Developments within Clustered Supported Living

Previous discussions took place with Queens Cross HA in relation to the creation of a new clustered site within their existing Cromwell Court building. This would increase the offer in **North West** by up to 37 tenancies over time, depending on throughput of existing tenants. This proposed development has been put on hold at present.

In the **South** locality, the Lochar Crescent (Trust HA) development is now complete with all tenancies accepted.

It is anticipated that there will be an additional 5 flats at Carntyne Gardens in the **North East** during 2023 further increasing availability in this locality.

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Indicator	8. Intermediate Care: Percentage Occupancy
Purpose	To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2021/22				2022/23				2023/24		
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
City	90%	69 (R)	61 (R)	64 (R)	58 (R)	74 (R)	70 (R)	97 (G)	69 (R)	55 (R)	75 (R)	94 (G)
North East		76 (R)	73 (R)	53 (R)	44 (R)	84 (R)	89 (G)	98 (G)	57 (R)	50 (R)	88 (G)	90 (G)
North West		67 (R)	57 (R)	73 (R)	66 (R)	86 (A)	66 (R)	98 (G)	92 (G)	74 (R)	85 (A)	97 (G)
South		64 (R)	53 (R)	67 (R)	63 (R)	51 (R)	65 (R)	95 (G)	70 (R)	51 (R)	68 (R)	94 (G)

Performance Trend
Performance has improved in the last quarter in all localities and moved from RED to GREEN in all areas.

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Indicator	9. Intermediate Care: Average length of stay (Days)
Purpose	To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2021/22				2022/23				2023/24		
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
City	<28 days	46 (R)	43 (R)	50 (R)	42 (R)	56 (R)	48 (R)	35 (R)	74 (R)	50 (R)	43 (R)	53 (R)
North East		54 (R)	46 (R)	60 (R)	86 (R)	76 (R)	55 (R)	32 (R)	101 (R)	41 (R)	42 (R)	66 (R)
North West		50 (R)	48 (R)	43 (R)	42 (R)	60 (R)	73 (R)	68 (R)	57 (R)	32 (R)	53 (R)	62 (R)
South		34 (R)	36 (R)	46 (R)	32 (R)	23 (R)	44 (R)	31 (R)	69 (R)	58 (R)	40 (R)	45 (R)

Performance Trend
Performance remains RED across all areas and citywide. It has improved at a city level and in the North East and South in the last quarter while declining in the North West.

Issues Affecting Performance
Intermediate Care (IC) Re-Tender successfully completed end January 2023. Reduction from 5 IC Units to 4 effective February 2023. All 4 units now accepting service users under 65 years of age. Daily IC Huddle established October 2022 discussing all IC referrals from Hospital Team, includes Rehab team and IC Units staff. Number of aged 65 and under referrals have increased and overall frailty / complexity of service users being admitted to IC has increased. Continue to have ahigh number of individuals wishing and successfully returning home. This requires new tenancies to be found and furnished and this takes time, as often no relatives to support with the transition. Earlier in the year NE IC had 3 AWI service users which affected length of stay performance. Any service user requiring an assessment for a Local Authority Residential bed from acute care is required to be assessed via IC. They are currently waiting lists for these beds, and it can take time to access / confirm an available bed via the LA pathway. TL IC vacancy in NW, currently being supported by TL in NE who is covering. Job has been recently advertised.
Actions to Improve Performance
- Daily IC Huddle established October 2022 discussing all IC referrals from Hospital Team, includes Rehab team and IC Units staff. To ensure appropriate service users are streamlined for IC – i.e. those with the most rehab potential. - Utilising the IC Improvement group to review the service users who are 28 days and over within IC. Dashboard provides detail. Look at themes / issues consider options for improvement.

-Review of the IC KPI's that currently do not reflect the complexity and the variety of the needs for the IC service users. i.e. someone going home and requiring a new tenancy v's someone being assessed as requiring a nursing home
- The team that supports IC also deliver on Discharge to Assess and Sbar submitted to core leadership to remove duplication from the system and streamline discharge to assess process. This will allow staff within IC more time to focus on improving IC processes and outcomes.
- Reviewing the use of the under 65 years cohort within IC and appropriateness for IC

Timescales for Improvement

- Sbar re. discharge to assess submitted August 2023
- KPI review ongoing and expected in next few months
- Vacant TL post advertised August 23
- Review of the under 65 cohort initiated August 23

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Indicator	10. Percentage of intermediate care users transferred home
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Destination	Target	2021/22				2022/23				2023/24		
			Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
Glasgow	**Home**	**30%**	26 (R)	13 (R)	19 (R)	15 (R)	26 (R)	24 (R)	28 (R)	29 (A)	19 (R)	33 (G)	29 (A)
	Res/Nursing	N/A	54	55	65	63	59	66	48	65	62	54	43
	Readmissions	N/A	18	13	11	22	11	10	20	6	15	5	14
	Deceased	N/A	2	19	5	0	4	0	4	0	4	8	14
NE	**Home**	**30%**	25 (R)	17 (R)	8 (R)	25 (R)	43 (G)	0 (R)	25 (R)	8 (R)	0 (R)	0 (R)	57 (G)
	Res/Nursing	N/A	50	75	83	75	43	75	50	83	100	71	43
	Readmissions	N/A	19	0	0	0	14	25	25	8	0	14	0
	Deceased	N/A	6	8	8	0	0	0	0	0	0	14	0
NW	**Home**	**30%**	18 (R)	11 (R)	15 (R)	8 (R)	25 (R)	0 (R)	0 (R)	18 (R)	33 (G)	40 (G)	33 (G)
	Res/Nursing	N/A	59	44	62	62	75	100	100	73	67	50	33
	Readmissions	N/A	23	33	15	31	0	0	0	9	0	10	33
	Deceased	N/A	0	11	8	0	0	0	0	0	0	0	0
South	**Home**	**30%**	37 (G)	10 (R)	33 (G)	20 (R)	17 (R)	32 (R)	33 (G)	44 (G)	20 (R)	41 (G)	17 (R)
	Res/Nursing	N/A	53	40%	50	60	58	59	39	52	47	50	44
	Readmissions	N/A	11	10	17	20	17	9	22	4	27	0	17
	Deceased	N/A	0	40	0	0	8	0	6	0	7	9	22

Performance Trend

City wide performance has remained the same (AMBER). Performance has improved in the North East and North West, with the latter moving from RED to Green. The South has declined moving from GREEN to RED.

Issues Affecting Performance

Intermediate Care (IC) Re-Tender successfully completed end January 2023. Reduction from 5 IC Units to 4 effective February 2023. All 4 units now accepting service users under 65 years of age.

Number of aged 65 and under referrals have increased and overall frailty / complexity of service users being admitted to IC has increased.

Last Quarter a noted high number of individuals wishing and successfully returning home. 57% for NE June 23. This requires new tenancies to be found and furnished and this takes time, as often no relatives to support with the transition.

Significant requirement for those going home requiring substantial house cleans – only one inhouse provider who does not provide support to owner occupiers and who must source their own, all of this adds complexity and time.

Continue to monitor via IC Improvement Group the themes and issue for IC including percentage of individuals going home – to find solutions and fixes to support this cohort.

Actions to Improve Performance

Continue with the daily IC Huddle established October 2022 discussing all IC referrals from Hospital Team, includes Rehab team and IC Units staff. To ensure appropriate service users are streamlined for IC – i.e. those with the most rehab potential and ability to go home.
- Reviewing the use of the under 65 years cohort within IC and appropriateness for IC.
- Flag issue re House cleans and length of time being taken and lack of provision for owner occupiers.

Timescales for Improvement

Quarters 2 & 3 23/24.

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iii. HSCP Community Services

Indicator	11. Number of Anticipatory Care Plan (ACP) summaries completed and shared with the patient's GP
Purpose	To monitor progress in the implementation of the new anticipatory care plans. New ACP booklets are patient held and remain with patients. It has been agreed that HSCP staff will share summary pages from these with GPs.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	Target 23/24	20/21 Full Year	21/22 Full Year	22/23 Full Year	23/24				
					Q1	Q2	Q3	Q4	Year to Date
No. summaries completed and shared with GPs	260 p.a.	69 (R)	50 (R)	276 (G)	113 (G)				113 (G)

Performance Trend
Target adjusted from 50 Summaries for 2022/23 to 260 for 2023/24.
Performance for Q1 in excess of the expected pro-rata target for quarter 1.
This indicator relates to teams across GCHSCP including District Nursing, Community Rehab and Social Work. Targets refer to the number of completed ACP Summaries that have been shared with GPs via the Clinical Portal.
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Target/Ref	12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year
Purpose	To monitor the length of time that OT assessment activities have been outstanding. The aim is to ensure that there are no outstanding activities over 12 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	20/21		21/22				22/23				23/24
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	0%	5% (R)	8% (R)	1% (A)	2% (A)	1% (A)	3% (A)	9% (R)	10% (R)	11% (R)	8% (R)	7% (R)
North East		1% (A)	1% (A)	0% (G)	0% (G)	1% (A)	1% (A)	6% (R)	5% (R)	13% (R)	5% (R)	7% (R)
North West		4% (R)	3% (A)	0% (G)	0% (G)	0% (G)	1% (A)	5% (R)	1% (A)	3% (A)	4% (R)	2% (A)
South		7% (R)	11% (R)	2% (A)	4% (R)	1% (A)	6% (R)	14% (R)	18% (R)	14% (R)	17% (R)	16% (R)

Performance Trend

During Q1 although remaining RED performance improved slightly at city level, in South and in North West which moved from RED to AMBER during the reporting period. Performance dropped slightly in North East.

The number and percentage of activities older than 12 months decreased over the past 3 months from 167 (8%) in March to 119 (7%) in June. At the end of the quarter there were 1,827 open OT assessment activities assigned to workers or teams: 119 (7%) of these had been open for more than 12 months. A breakdown of these by locality is shown below.

Locality	Number of Activities over 12 months (at end of June)
NE	32
NW	4
South	83 (down from 124 at end of March)
Other	0
Total	**119**

Of the 119 activities detailed above, 36 are assigned to Teams and 83 are assigned to Workers.

Issues Affecting Performance

Work continues to be carried out to review all the current OT waiting lists through both data cleansing and overtime to complete the OT assessment activities open longest. Staffing has played a key part in work throughput.

In North East, staff numbers are still down by 5 (2 OTs, 3 Social Care Workers) as a result of retirement, ill health and a temporary transfer of post to Equipu. This has resulted in reduced capacity to target those assessments open for more than 12 months.

Furthermore, there is to be a realignment of staff resource from the localities into HSC Connect which will further reduce the OT workforce by one OT staff member per area.

In addition to staffing, hidden demand/throughput adds to the service's workload which in turn affects performance. This hidden demand includes:

- **Blue Badges** – these are not recorded on careFirst. There is currently no standard across the city. 3,825 discretionary decisions were approved during 21/22.
- **Housing needs assessments/ Property assessment** – there has been increased demand following Homeless Team changes, and RSL's request reports to accompany health needs for re-housing. This is not currently reported through careFirst.

Actions to Improve Performance

The new HSCC OT resource and application of proportionate assessment has reduced the number of new OT referrals coming into the system and being passed to the localities. Although waiting times remain high and over 12 months for non-critical need the numbers of cases waiting overall is markedly reduced.
City wide the reduced number of referrals being received will allow for greater focus on cases waiting for over 1 year further reducing this number.
Specific postcode areas with higher numbers waiting over a year will be targeted to reduce numbers waiting.

Within NE there is agreement to recruit 1.6 Social Care Workers following staff retirement. It is hoped new workers will be in post by November 2023. Once inducted this staff resource will assist in increasing the throughput of assessments.

There are new working groups set up to address the additional hidden workloads within Blue Badges.

There is a Housing Needs Assessment working group to try to improve the referral information, however there is no identified resource to address this additional work that has been redirected to COT from the homeless casework teams.

Timescales for Improvement

Improvements continue to be expected over the coming months.

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Target/Ref	13. **New KPI** – Number of Telecare referrals received by Reason for Referral
Purpose	To monitor the number of Telecare referrals received on a quarterly basis and provide a breakdown of these by Reason for Referral/Intended Outcome. Reasons are taken from the following options on the referral form, in response to the question, '*Why is Telecare Service required?*'. These reasons have been aligned to Intended Outcomes for this indicator, with reasons 1-3 aligned to Outcome 1; 4 to Outcome 2; and 5 to Outcome 3. 1. Due to a fall within the last year 2. For safety and reassurance within the home 3. To maintain independence 4. Carer Support 5. To assist a return from hospital.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Reason for Referral/ Intended Outcome	Targets Annual (*Quarterly*)	2023/24				23/24 Year to Date Total
		Q1	Q2	Q3	Q4	
Outcome 1 Reducing the risk of admission to acute, residential and nursing care settings (Reasons 1,2,3)	Annual **560** (*Quarterly*) **140**	**343 (G)**				**343 (G)**
Outcome 2 Avoiding hospital discharge delays (Reason 4)	Annual **650** (*Quarterly*) **163**	**170 (G)**				**170 (G)**
Outcome 3 Supporting Carers (Reason 5)	Annual **100** (*Quarterly*) **25**	**25 (G)**				**25 (G)**
Total number of Referrals	Annual **1,310** (*Quarterly*) **328**	**538 (G)**				**538 (G)**

Performance Trend
New Telecare KPI from Q1 2023/24.   The targets for Telecare referrals were met during the first quarter of 23/24 (GREEN).   Back to Summary

Indicator	14. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
Purpose	To monitor the number of carers being identified and supported and ensure that Glasgow HSCP is complying with Carers (Scotland) Act 2016 requirements.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 6 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Annual Target	20/21 Full Year Total	21/22 Full Year Total	22/23				22/23 Full Year Total	23/24
				Q1	Q2	Q3	Q4		Q1
Glasgow	1,900 (475 per Q)	1928 (G)	2,391 (G)	615 (G)	660 (G)	566 (G)	692 (G)	2,533 (G)	783 (G)
North East	633 (158 per Q)	604 (A)	801 (G)	233 (G)	204 (G)	188 (G)	241 (G)	866 (G)	217 (G)
North West	633 (158 per Q)	445 (R)	684 (G)	163 (G)	218 (G)	184 (G)	212 (G)	777 (G)	257 (G)
South	633 (158 per Q)	879 (G)	906 (G)	219 (G)	238 (G)	194 (G)	239 (G)	890 (G)	309 (G)

Performance Trend
Both the city and locality targets were exceeded (GREEN) for Quarter 1. City-wide numbers increased by 13% between Q4 22/23 (692) and Q1 (783). Back to Summary

UNSCHEDULED CARE

Indicator	1. New Accident and Emergency (A&E) attendances (18+)
Purpose	To monitor attendance at Accident and Emergency Departments. Partners are working together to reduce these over time and shift the balance of care towards the community. It includes all new and unplanned attendances at emergency departments and Minor Injury Units (MIUs) **but excludes GP Assessment Unit attendances**. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 3.
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	
Annual Total	153,791	161,155 (A)	113,633 (G)	139,966 (G)	141,729 (G)	
Monthly Average	12,816	13,430 (A)	9469 (G)	11,664 (G)	11,811 (G)	
Performance Trend						

The figures for 2022/23 are below target and GREEN. The numbers of A&E attendances fell during the pandemic (20/21) but have risen again over the last two years.

Back to Summary

Target/Ref	2. A&E Waits Less Than 4 Hours (%)
Purpose	To monitor waiting times at the main A&E units in Glasgow City. This will relate to all patients who attend these units, irrespective of their home location. Source of data is monthly Health Board Unscheduled Care reports.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	21/22					22/23					
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
GRI	95%	87.5 (R)	68.5 (R)	71.4 (R)	61.7 (R)	63.4 (R)	58.8 (R)	46.3 (R)	49.5 (R)	41.9 (R)	51.3 (R)	57.1 (R)
QEUH		80.6 (R)	56.5 (R)	67 (R)	47.7 (R)	45.6 (R)	51.6 (R)	47.9 (R)	50 (R)	51.7 (R)	51.8 (R)	55.2 (R)

Performance Trend
Performance has improved at both hospitals since March, but both remain RED.

Issues Affecting Performance
Despite significant impacts of programmes such as Home First, Hospital at Home and use of the Flow Navigation Centre, there continues to be a trend of increased attendance at Emergency Departments, particularly in the under 65 age group. Increased attendances and the complexity of patients attending will impact on waiting times within the A&E department.

Actions to Improve Performance
As programmes become more established or are scaled up to wider geographies, it is envisaged that this will yield more impact on attendances. Further programmes of redirection, a repeat of a public awareness campaign and programmes targeting specific populations / geographies will also aim to make an impact.

Timescales for Improvement
Quarters 2 & 3 23/24 Back to Summary

Indicator	3. Number of Emergency Admissions (18+)
Purpose	To monitor the extent to which people are being admitted to hospitals in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. This includes all inpatient and day care admissions but excludes people admitted to obstetrics and psychiatric hospitals and those admitted as geriatric long stay patients. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 1
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	
Annual Total	66,624	63,854 (G)	54,946 (G)	59,193 (G)	55,372* (G)	
Monthly Average	5552	5321 (G)	4579 (G)	4933 (G)	4614* (G)	

*Provisional

Performance Trend
The figures for 2022/23 are provisional at this stage but are below target and GREEN and appear to show a reduction on 2021/22. Back to Summary

Indicator	4. Number of Unscheduled Hospital Bed Days - Acute (18+)
Purpose	To monitor the extent to which people are occupying acute beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	
Annual Total	453,866	507,633 (R)	450,764 (G)	521,169 (R)	494,048* (R)	
Monthly Average	37,822	42,303 (R)	37,564 (G)	43,431 (R)	41,171* (R)	

*Provisional

Performance Trend
The figures for 2022/23 are provisional at this stage but are above target and RED. They have risen in the period since 2021/22 when they fell as a result of the pandemic.

Issues Affecting Performance
There is a slight reduction from the previous reporting cycle. It is envisaged that this will continue into the next reporting phase where a number of initiatives are in place to reduce emergency bed days across the system. The complexity of admissions and increasing issues around mental capacity continue to impact on longer lengths of stay for particularly older people.

Actions to Improve Performance
A range of programmes are beginning to yield success in preventing admission or in reducing length of stay of emergency admissions. These include support to care homes, Hospital at Home and the wider use of programmes to support earlier discharge such as Discharge Without Delay. Work continues to reduce the bed days associated with patients with issues around their mental capacity including case tracking of individuals progressing through the complex legal process to support discharge. There will be challenges during the winter period, and work is underway to plan for further activity aimed at reducing admissions, managing throughput and providing appropriate support on discharge including homecare, rehabilitation and the use of intermediate care options.

Timescales for Improvement
Quarters 2 & 3 23/24.

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Indicator	5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay
Purpose	To monitor the extent to which people are occupying geriatric long stay beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	
Annual Total	33,260	15,394 (G)	2262 (G)	876* (G)	722* (G)	
Monthly Average	2772	1283 (G)	189 (G)	73* (G)	60* (G)	

*Provisional

Performance Trend
The figures for 2022/23 are below target and GREEN and continue to remain very low, which they have been since 2020/21 compared to previous years. They are provisional at this stage as are the 2021/22 figures as there is a large time lag associated with these figures which are produced nationally. Back to Summary

Indicator	6. Number of Unscheduled Hospital Bed Days – Mental Health (18+).
Purpose	To monitor the extent to which people are occupying mental health beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	
Annual Total	181,371	196,689 (R)	179,235 (G)	176,049 (G)	162,793* (G)	
Monthly Average	15,114	16,391 (R)	14,936 (G)	14,671 (G)	13,566* (G)	

*Provisional

Performance Trend
The figures for 2022/23 are provisional at this stage but are below target and GREEN and appear to show a reduction on 2021/22. Back to Summary

Indicator	7. Total number of Acute Delays
Purpose	To monitor the extent to which people are being unnecessarily delayed in hospital, with the aim that these are reduced. The figures shown and relate to Adult Acute beds (excluding Mental Health beds which are covered in the Mental Health section of this report). Source of data is the monthly Health Board Census Summary figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services

Locality	Target	2021/22				2022/23				2023/24		
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
North East	**120 New target**	25	17	8	23	21	32	26	24	31	23	21
North West		15	15	16	22	17	25	16	21	27	25	20
South		20	22	7	30	34	40	24	48	38	36	24
Sub-Total (Included Codes)		**60**	**54**	**31**	**75**	**72**	**97**	**66**	**93**	**96**	**84**	**65**
North East		27	29	20	21	21	22	20	15	20	20	25
North West		16	18	11	19	20	22	19	23	20	19	22
South		18	19	18	21	27	23	29	11	9	12	14
Sub-Total (Complex Codes)		**61**	**66**	**49**	**61**	**68**	**67**	**68**	**49**	**49**	**51**	**61**
Overall Total		**121 (R)**	**120 (R)**	**80 (R)**	**136 (R)**	**140 (R)**	**164 (R)**	**134 (R)**	**142 (R)**	**145 (R)**	**135 (R)**	**126 (R)**

Performance Trend
Total numbers delayed have increased since December and remain RED. This increase occurred in included codes while the complex codes fell at a city level.
Target was adjusted from 0 to 120 delays for 2022/23.
Issues Affecting Performance
Note: Referral rates are averaging 75 p/w currently.

- Closures of care homes by public health to admissions due to Covid and other risks to public health outbreaks.
- SW awaiting responses from Care Homes regarding accepting and arranging admissions into their units.
- Access to wards by care homes for arranging admissions and transfers into their units
- Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex.
- Wards not arranging appropriate discharge arrangements ie. transport, medication, paperwork resulting in increased time taken to admit.

Staffing pressures within the Hospital Social Work Team / (Recruitment and LTA absence).

Actions to Improve Performance

Service manager vacancy underway, one new team leader appointed, and one qualified worker vacancy followed up for recruitment. 2 staff remain on long term absence – a workforce plan is in place.

Oversight:
Chief Officer weekly meeting, attended by lead ACOs and commissioning.
3 management huddles a week with focus on delays/ actions/ follow up.
One weekly meeting to review complex commissioning delays.

Focus on Incomplete or poor-quality referrals are being sent back to referrers this has reduced workload by 5% since inception mid-April. New referral tracker used (daily tracking).

Continued focus on reducing bed days lost for long delays with weekly delays meetings to review locality cases continues.

Close working relationship with discharge service lead continues with escalation of any discharges that did not occur due to ward issues daily.
IMC huddle daily continues to ensure maximum use of available resource to ensure interventions implemented to get people home where possible, across 7 days.

More frequent escalation to consultants in acute to implement Choices Protocol where families may delay discharge planning due to lack of availability in Care Home of choice.

Interface meeting between SW and acute Discharge Team to support progressing early referrals and decision making around the delayed discharge agenda.

Weekly meeting chaired by Head of Service to focus on delays within community teams – MDT approach.
Strong performance reporting on resolving / progressing discharges – commissioning attend to support the agenda and progress barriers with care homes.

A significant focus on AWI's with the recruitment of two further solicitors, which allows the legal team to engage with and offer more support around AWI's / Delays and support private solicitors' AWI cases (which are often complex). Also working on a case-by-case basis to review and consider the use of 13za.

The use of Discharge to Assess pathway has improved outcomes for patients with them being assessed within a care home environment and not in a hospital bed. (Up to 48 discharges per period).

Regular meetings with commissioning colleagues to find solutions and progress complex cases and improve the interface with Care Home communication across Glasgow City.
4 weekly webinar programme with all care homes across the city and delayed discharges are a standing item.

Health and Social Care Partnership began developing a rolling winter plan and have contributed to the board's higher level plan.

Timescales for Improvement

Agreed timescale up to Q2 / Q3 2023.

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Indicator	8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).
Purpose	To monitor the extent to which beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced.
Type of Indicator	MSG Indicator 4
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	
Annual Total	39,919	45,318 (R)	49,902 (R)	64,853 (R)	74,875 (R)	
Monthly Average	3327	3776 (R)	4159 (R)	5404 (R)	6,240 (R)	

*Provisional

Performance Trend
The figures for 2022/23 are above target and RED and the monthly average number of bed days lost have increased steadily over the period shown.
Issues Affecting Performance
• The patients are complex, frailer and have far more care and support needs post-Covid. • Placements within adult (15% of our delays are adults) care homes are limited across Glasgow and beyond. • Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex and at weekends. • SW awaiting responses from Care Homes regarding accepting and arranging admissions to their units. • Wards not arranging appropriate discharge arrangements ie transport, medication, paperwork resulting in increased time taken to admit • 70% of our AWIs are with private solicitors – taking approx. 35% longer than local authority applications (improvement of 15% over last quarter) • Under 65 placements are challenging due to the complexity of need and the lack of suitable Care Home placements. • House cleaning with a significant demand, post-covid. No market provider having to be delivered by GCC Homelessness and available tenancies for, is increasing across the city.
Actions to Improve Performance
Collaboration with Commissioning and Care Homes as stated in Indicator 7 will improve performance across this indicator also. The focus on AWI improvement and legal services as noted in the above indicator will also have a positive impact on this target and the long delays within Glasgow. Furthermore, as with Indicator 7 (above): • Development of a real time AWI tracker • A strategic review by commissioning around the pathways into care homes. • Focus on long delays (very complex commissioning identify specialist placements). • A draft winter plan (early start over previous years). • A redesign/new approach to house cleans – looking to involve landlords. Strengthening the links between Social Work homelessness leads (NHS Acute Homelessness Liaison Team.
Timescales for Improvement
Ongoing and continuing to review / improve services to reduce numbers.

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PRIMARY CARE

Indicator	1. Prescribing Costs: Compliance with Formulary Preferred List
Purpose	To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	78%	76.83 (G)	76.72 (G)	74.68 (A)	75.98 (A)	75.96 (A)	76.17 (G)	76.54 (G)	76.89 (G)	76.41 (G)
NE		77.63 (G)	77.51 (G)	75.57 (A)	76.94 (G)	76.67 (G)	77.01 (G)	77.24 (G)	77.48 (G)	77.02 (G)
NW		76.04 (A)	75.90 (A)	73.94 (R)	75.42 (A)	75.33 (A)	75.45 (A)	75.85 (A)	76.37 (G)	75.87 (A)
S		76.79 (G)	76.70 (G)	74.50 (A)	76.04 (A)	75.86 (A)	75.92 (A)	76.50 (G)	76.79 (G)	76.32 (G)
NHSGGC		76.84	76.73	74.71	76.17	75.96	76.87	76.54	76.85	76.45

Performance Trend
During Q4, there was a slight decrease in performance across all parts of the city with performance in the North West moving from GREEN to AMBER, while the other localities and the city wide figure remained GREEN. This indicator is reported one quarter in arrears. Back to Summary

Indicator	2. Prescribing Costs: Annualised cost per weighted list size
Purpose	To monitor prescribing costs. This divides the total prescribing costs by the weighted list size across practices. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	Target	20/21	21/22				22/23			
		Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
City	Cost below (or same) as Board average	£147.6 (G)	£150.2 (G)	£151.2 (G)	£152.3 (G)	£154.2 (G)	£156.8 (G)	£159.7 (G)	£155.3 (G)	£160.2 (G)
NE		£144.5 (G)	£147.0 (G)	£147.9 (G)	£149.5 (G)	£151.1 (G)	£158.3 (G)	£163.1 (G)	£162.1 (G)	£169.3 (G)
NW		£145.6 (G)	£148.1 (G)	£149.4 (G)	£149.5 (G)	£150.9 (G)	£149.9 (G)	£150.5 (G)	£154.2 (G)	£157.8 (G)
S		£152.8 (G)	£155.7 (G)	£156.5 (G)	£158.1 (G)	£160.7 (G)	£161.4 (G)	£165.0 (G)	£169.1 (G)	£174.1 (G)
NHSGGC		£164.9	£167.9	£169.4	£170.7	£173.0	£174.7	£178.0	£181.7	£187.7

Performance Trend

Costs in all localities increased between December and March but all localities and the city remain GREEN, considerably below the Health Board average.

This indicator is reported one quarter in arrears.

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CHILDREN'S SERVICES

Indicator	1. Uptake of the Ready to Learn Assessments
Purpose	To monitor the extent to which Health Visitors are completing the universal Ready to Learn assessments on time. These are a core part of the Scottish Child Health Programme. Invitations are issued to all children when they are approximately 27 months old. The focus is on each child's language, speech and emotional development as part of their preparation for nursery and then school. The figures shown below relate to those completed between 27 and 33 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2021/22				2022/23				2023/24		
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
North East	95%	90% (A)	93% (G)	87% (R)	86% (R)	84% (R)	89% (R)	91% (A)	78% (R)	83% (R)	86% (R)	80% (R)
North West		87% (R)	87% (R)	90% (A)	81% (R)	80% (R)	87% (R)	88% (R)	87% (R)	92% (R)	88% (R)	86% (R)
South		89% (R)	90% (A)	91% (A)	84% (R)	89% (R)	90% (A)	89% (R)	85% (R)	87% (R)	90% (R)	86% (R)

Performance Trend
Performance remains RED in all areas in June with levels very similar to March.

Issues Affecting Performance
Given status of data above we have completed an analysis of factors affecting the uptake of Ready to Learn Assessments. As an example, the NW dashboard for March 2023 showed that 91% of Ready to Learn Assessments were carried out. Of the 9% of 27-30 month assessments not completed in March 2023, non-completion was due to children who recently transferring into caseloads who had moved from out with the board area and had not had assessment prior to transfer, a small number of declined assessments and small number where the template (from which the data is extracted) had not been completed although the assessment had been completed. This means that in the majority of cases, performance was impacted by circumstances out with our control.

Actions to Improve Performance
Continue to carry out developmentally appropriate assessments for children who missed their 27–30 month Ready to Learn Assessment and to record these as 'unscheduled' checks for children older than 30 months to ensure that the assessment is appropriate for the child's developmental stage.

Team leaders are continuing to review caseloads to ensure performance continues to improve. Monthly population reports are provided to team leads which identifies which 27-30 month assessments are due and those that are not completed; this allows team leads to explore the reasons in caseload management discussions. This data is about to be enhanced and will allow us to update this data at the time of the review |

The use of Microsoft Strategy supports analysis of the data and identifies patterns in performance at a team and service level and Service Managers can then discuss this in monthly 1:1s with team leaders.

Timescales for Improvement

Ongoing work is progressing to assess children who have missed their 27–30 month assessment.

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Indicator	2. % of HPIs (Health Plan Indicator) allocated by Health Visitor by 24 weeks
Purpose	To monitor the extent to which Health Visitors are allocating Health Plan Indicators to clients on time. The Health Plan Indicator (HPI) is a tool for recording an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing. Children allocated as 'core' remain on the universal child health pathway; those allocated as 'additional' receive additional input from the health visiting team and (if deemed necessary by the health visitor) multi-agency input. This classification may be subject to change as the child gets older.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2021/22				2022/23						23/24
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
North East	95%	96 (G)	98 (G)	97 (G)	97 (G)	96 (G)	97 (G)	93 (G)	96 (G)	96 (G)	94 (G)	93 (G)
North West		98 (G)	97 (G)	97 (G)	97 (G)	97 (G)	99 (G)	97 (G)	88 (R)	97 (G)	93 (G)	93 (G)
South		99 (G)	97 (G)	94 (G)	97 (G)	98 G)	97 (G)	96 (G)	98 (G)	96 (G)	95 (G)	96 (G)

Performance Trend
North West moved from RED to GREEN in the last reporting period. There is a time lag in the availability of this data. The data above is taken on the 10th July. Back to Summary

Indicator	3. Number of referrals being made to the Healthier, Wealthier Children Service.
Purpose	To monitor the extent to which referrals are made to the Healthier, Wealthier Children Programme. Healthier, Wealthier Children (HWC) aims to contribute to reducing child poverty by helping families with money worries. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities.

Locality	Annual Target	Quarterly Target	19/20 Total	20/21 Total	21/22 Total	22/23					23/24			
						Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Year to Date
City	1,533	383	2,515 (G)	3,123 (G)	3,069 (G)	814 (G)	818 (G)	770 (G)	825 (G)	3227 (G)	704 (G)			704 (G)
NE	344	86	764 (G)	771 (G)	860 (G)	215 (G)	242 (G)	245 (G)	217 (G)	919 (G)	211 (G)			211 (G)
NW	576	144	918 (G)	812 (G)	763 (G)	216 (G)	209 (G)	219 (G)	208 (G)	852 (G)	201 (G)			201 (G)
S	613	153	833 (G)	1,540 (G)	1,446 (G)	383 (G)	367 (G)	306 (G)	400 (G)	1456 (G)	292 (G)			292 (G)

Performance Trend

Targets continue to be met at city and locality level. Numbers of referrals at city level and in South fell by 15% and 27% respectively in the last quarter.

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Indicator	4. Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review.
Purpose	To monitor the extent to which plans are being put in place to meet the needs of vulnerable young children under 5 who have been looked after and accommodated for more than 6 months, with the aim being to increase this percentage. The number of children under 5 (looked after for 6 months or more) who have *not* had a permanency review has been added to the table below.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	21/22				22/23				23/24	
										Quarter 1	
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	% with review	Number *without* a Permanency Review*
City		58 (R)	65 (R)	57 (R)	62 (R)	59 (R)	61 (R)	63 (R)	61 (R)	54 (R)	**31**
North East		62 (R)	69 (R)	63 (R)	62 (R)	59 (R)	65 (R)	64 (R)	63 (R)	61 (R)	11
North West	90%	42 (R)	47 (R)	38 (R)	57 (R)	56 (R)	56 (R)	67 (R)	64 (R)	60 (R)	6
South		62 (R)	74 (R)	65 (R)	62 (R)	58 (R)	58 (R)	57 (R)	56 (R)	38 (R)	13

*1 child is allocated to "other" team

Performance Trend

Performance at city and locality level remained below target and RED during Quarter 1. There was a significant drop in performance at city level and in South during the reporting period.

At the end of December, a total of 31 children (of 67 children under 5 looked after for 6 months or more) had not yet had a permanency review.

Issues Affecting Performance

There is continued increasing demand for children's social work services exacerbated due to the cost-of-living crisis, poverty, and social stress that is contributing to increased family difficulties.

The complexity of the current situation continues to mean that deployment of staff resource has had to be prioritised to respond to these matters, often on an emergency basis. Consequently, recovery planning has been affected and continues to make arranging face-to-face meetings with families more challenging. As Permanence Reviews involve making long-term decisions about children's future lives, it is important that these meetings involve a level of planning and participation that has been difficult to achieve due to current circumstances, and in the context of current financial challenges.

In addition, the introduction of the new family connections plan, in line with the aspirations of The Promise has been an adjustment for staff, and as part of a suite of assessment processes feeding into the Permanence Review, may be adding some delay.

There has been some significant staff turnover in the past 2 years with a high number of newly qualified social workers joining the service. There is a recognition that these new workers need considerable training, support and coaching to navigate this complex work.

Progressing this important work continues to be challenging in the present circumstances

Actions to Improve Performance

A city-wide permanence forum has been established to bring a focus to this work and the locality permanence forums have now been re-established. A full audit of all the children under 5 has been undertaken and the work required to progress their care plans has been quantified.

Permanence workshops and peer support opportunities have commenced to focus on this group of children and to ensure their plans are progressed appropriately. In addition, briefings around the legal complexities have been delivered and the looked after children training which had been paused is being relaunched in September/ October 2023. Work is underway to explore coaching and group supervision models to support the social worker to be more confident in their practice in this area.

At the point a child is accommodated a 'tracking worker' is allocated and there is a proposal to enhance this role to ensure support is provided to the social worker to ensure plans are progressed timeously.

There is now increased administrative support to minute meetings. Locality managers are prioritising permanence work as far as possible, whilst juggling emergency demand, and the increased availability of administrative support will continue to help to support improvement.

In South, the Head of Service is now meeting with Service Managers and Team Leaders to review performance on a monthly basis, which includes a review of permanency. The permanence forum has been re-established and updated systems and processes have been put in place to track and support action planning for children using this forum. We would hope to see incremental evidence of improved performance delivered through this process.

It is hoped that more face-to-face meetings will be facilitated to ensure that parents are fully involved through in-person attendance in these complex discussions and decisions about the future care of their children.

Timescales for Improvement

Ongoing work is being progressed to undertake reviews and is being overseen by the city wide permanence forum. Additional capacity continues to be provided by the Independent Care and Review Team.

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Indicator	5. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral
Purpose	To monitor the proportion of looked after children who are receiving health assessments timeously as part of our corporate parenting duty for care experienced children and young people. These relate to all Looked After Children residing within Glasgow city with the exception of those under 5s who are being Looked After at Home who are assessed by Health Visitors as part of the Health Visiting Universal Pathway. It also excludes children from other Council areas who may be receiving a service from the Glasgow Vulnerability Team.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Group	Target	21/22				22/23				23/24
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Under 5s	100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	67% (R)	64% (R)	100% (G)
Aged 5-18		85% (R)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	88% (R)	88% (R)	96% (A)

Performance Trend
Percentages can fluctuate due to the small numbers involved. Performance has moved from RED to GREEN for under 5s and RED to AMBER for those aged 5-18.

Issues Affecting Performance
This has been investigated and performance has been affected by a small number of missed appointments, which has had a significant impact on performance when expressed as a percentage due to the small number of children and young people involved.

Actions to Improve Performance
The percentages are significantly impacted by a small number of missed appointments, which are often out with the direct control of the service, however, alternative appointments are arranged as soon as practicably possible to avoid any impact on the health and wellbeing of children and young people.

Timescales for Improvement
Performance will be kept under review to ensure timeous reappointment, where necessary. Back to Summary

Indicator	6. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date
Purpose	To monitor the proportion of *new* (as opposed to review) reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted by the due date specified (by SCRA). This indicator was revised during Q1 & 2 18/19. Prior to this, the target for completion was within 20 working days of request being received.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	20/21 Q4 %	21/22 Q1 %	21/22 Q2 %	21/22 Q3 %	21/22 Q4 %	22/23 Q1 %	22/23 Q2 %	22/23 Q3 %	22/23 Q4 %	23/24 Q1 %
City	60%	49 (R)	51 (R)	59 (G)	58 (A)	51 (R)	55 (R)	58 (A)	51 (R)	56 (R)	61 (G)
North East		49 (R)	55 (R)	76 (G)	61 (G)	45 (R)	58 (A)	55 (R)	39 (R)	48 (R)	44 (R)
North West		41 (R)	50 (R)	63 (G)	64 (G)	70 (G)	53 (R)	53 (R)	64 (G)	42 (R)	58 (A)
South		58 (A)	45 (R)	50 (R)	51 (R)	40 (R)	52 (R)	62 (G)	48 (R)	68 (G)	72 (G)

Performance Trend

During Q1 performance improved at city level; the target was exceeded, and the RAG rating moved from RED to GREEN. Performance also improved in North West which moved from RED to AMBER and in South which remained GREEN. In North East performance fell slightly with the RAG rating remaining RED.

A combination of staffing issues – turnover, sickness and annual leave – have impacted on performance in North-East and North-West. This has led to delays in the completion of new report requests from SCRA, with ongoing issues affecting performance, such as managing workload over periods of sick leave, as well as recording issues, which are continuing to be addressed.

There is increased management oversight of the requested reports and Service Managers are continuing to have regular discussions with Team Leaders about ensuring that front line staff are supported to meet deadlines, particularly in the context of additional service pressures related to the finance and the Cost of Living crisis. It is anticipated there will be continuous improvement in the timescales for submitting new reports to SCRA but continuing staffing issues continue to impact on the rate of progress.

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Indicator	7. Percentage of young people currently receiving an aftercare service who are known to be in employment, in education or training.
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education, or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	20/21	21/22				22/23				23/24
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	75%	80% (G)	78% (G)	79% (G)	79% (G)	80% (G)	78% (G)	80% (G)	79% (G)	80% (G)	78% (G)
North East		84% (G)	82% (G)	81% (G)	78% (G)	83% (G)	83% (G)	84% (G)	82% (G)	81% (G)	79% (G)
North West		82% (G)	80% (G)	79% (G)	79% (G)	80% (G)	75% (G)	80% (G)	79% (G)	80% (G)	79% (G)
South		80% (G)	81% (G)	82% (G)	82% (G)	85% (G)	84% (G)	84% (G)	84% (G)	84% (G)	82% (G)

Notes

-The proportion drops when the number of young people in an economic activity is given as a proportion of all young people who were eligible for aftercare. In July 2017, this was 25% nationally and 50% for Glasgow.

-From Q1 18/19, these figures exclude care leavers who are not in employment, education, or training (NEET) who have a barrier to employment (for example pregnancy, mental/physical health problems).

Performance Trend

All localities remained above target and GREEN during the reporting period.

The percentage of *non-recording* of Employability status increased from 1% to 3% between year-end and the end of Q1; an increase from 13 to 28 in the number of young people in the city who do not have their employability status recorded. Of these 28 young people, 10 are allocated to North East, 1 to North West and 6 to South while the other 11 are young people whose team is "not indicated" i.e., those without a primary relationship to a worker or team.

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Indicator	8. Number of out of authority placements
Purpose	To monitor the number of out of authority placements. These include residential schools and specialist purchased resources. Reducing out of authority placements is an objective for our Children's Transformation Programme to ensure that Glasgow's children remain connected to their families, friends, schools, and communities.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Target	22/23		23/24
End of 22/23	**Q3**	**Q4**	**Q1**
30	30 (G)	30 (G)	30 (G)

Performance Trend
Placement numbers met the target of 30 or fewer at the end of Q1 (GREEN).   The scope of this indicator was revised during Q3 of 22/23 to include disability placements and exclude those in secure care therefore no historical data is shown.   Target for 23/24 to be confirmed   Back to Summary

Indicator	9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Purpose	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	95%	94.20 (G)	93.31 (G)	94.28 (G)	93.7 (G)	93.01 (G)	95.59 (G)	92.62 (G)	92.43 (A)	92.27 (A)
North East		93.15 (G)	94.94 (G)	94.24 (G)	94.59 (G)	91.87 (A)	96.04 (G)	90.15 (R)	94.21 (G)	92.72 (G)
North West		94.32 (G)	90.91 (A)	94.89 (G)	95.24 (G)	93.94 (G)	94.03 (G)	93.89 (G)	92.36 (G)	91.00 (A)
South		94.94 (G)	93.79 (G)	93.87 (G)	91.92 (A)	93.24 (G)	96.36 (G)	93.5 (G)	91.23 (A)	92.84 (G)

Performance Trend
Performance decreased slightly in the last quarter at a city level and in the North East and North West with the latter moving from GREEN to AMBER. Performance increased in the South moving from AMBER to GREEN. This indicator is reported in arrears.

Issues Affecting Performance
The World health Organisation has raised concerns that vaccine uptake across all areas has declined. A number of factors appears to be impacting on willingness of individuals to receive vaccines. UNICEF have reported that 'a toxic combination of misleading information, declining trust in experts, and political polarisation have contributed to the fall in vaccine confidence, as well as uncertainty about the response to the pandemic.'

Actions to Improve Performance
The team continues to focus on areas where uptake is lowest and is working with public health colleagues to undertake 'tests of change' to improve uptake. The vaccine bus has been used in some circumstances. Specific videos have been produced for use with some marginalised communities. The team continue to recall and chase up families who have not attended for vaccines and Health Visitors support with these discussions.

Timescales for Improvement
Activity is ongoing throughout the year.

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Indicator	10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
Purpose	To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	95%	96.25 (G)	96.32 (G)	95.85 (G)	96.17 (G)	94.84 (G)	95.57 (G)	95.44 (G)	96.02 (G)	94.86 (G)
North East		97.03 (G)	96.44 (G)	95.59 (G)	97.14 (G)	94.77 (G)	95.74 (G)	94.86 (G)	96.69 (G)	93.26 (G)
North West		95.77 (G)	96.27 (G)	94.49 (G)	96.41 (G)	95.40 (G)	95.25 (G)	95.35 (G)	94.91 (G)	95.42 (G)
South		96.01 (G)	96.26 (G)	97.16 (G)	95.17 (G)	94.50 (G)	95.67 (G)	95.98 (G)	96.25 (G)	95.76 (G)

Performance Trend

Performance remains GREEN across the city with a small decrease in the last quarter at a city level and in the North East and South, with the North West improved slightly. This indicator is reported in arrears.

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ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral
Purpose	To monitor the waiting times for people who started a PT treatment. The NHS LDP Standard is for 90% of people who started their PT treatment during the month, to have started within 18 weeks from the receipt of referral. This indicator relates to all adults and older people and to people who started a PT in that quarter.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	Target	2021/22				2022/23				2023/24		
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
NE		82.3 (R)	76.5 (R)	56.6 (R)	46.3 (R)	56.5 (R)	49.4 (R)	47.4 (R)	58 (R)	54.4 (R)	64.8 (R)	49 (R)
NW	90%	97.1 (G)	92.5 (G)	84 (R)	92.4 (G)	79.2 (R)	84.5 (R)	91.7 (G)	90.7 (G)	95.9 (G)	94.7 (G)	95.5 (G)
S		92.8 (G)	94.8 (G)	80.5 (R)	81.2 (R)	87.6 (A)	81.7 (R)	78.7 (R)	79.2 (R)	86.1 (A)	87.8 (G)	90 (G)

Performance Trend
In the last quarter, performance declined in the North East and remained RED. Performance improved in the other localities particularly in the South where it moved from RED to GREEN.

Issues Affecting Performance
The longer term effects of the pandemic continued to have multiple impacts on the overall performance of delivering PTs into Q1 2023/24. The initial service reactions to the outbreak of Covid-19 created cohorts of people waiting longer than originally planned for, to start a PT. Waiting list initiatives for patients assessed as suitable and waiting to start their treatment continued to target the longest waits. The process is dynamic. There are continual incoming referrals requiring assessment, and initial assessments for suitability are constantly adding to the numbers waiting to start a PT. People waiting 53+ weeks this time last year have all been seen; the list of people currently waiting 53+ weeks are different individuals. Starting a PT is not a singular event. PTs protocols outline a number of sessions, over a period of time, to complete the full course of PT treatment. NHSGGC activity indicates the majority of people have between 4-8 PT treatment appointments. Many highly specialist interventions can routinely take between 16-20 appointments, some require a treatment session every week for a year. There was a Board wide, and therefore a Glasgow City HSCP, focus on addressing and eliminating the longest waits of 53+ weeks.

Teams focused on long waits can start more people over 18 weeks relative to the total number starting. This positive action can often result in a reduced percentage starting within the 18 week Standard.

Some people waited longer due to clinical, social, or personal reasons which prevented engagement through remote consultations (waiting for an in-person face-to-face approach).

The capacity to deliver PTs has been affected by staff turnover, internal appointments, vacancies, annual leave, sick leave and extended leave. Over-utilisation of the available capacity can compound these factors and can further contribute to longer waiting times. Recruitment to some posts resulted in no applicants, or no recruitable applicants, and highlighted the national supply issue of clinically trained professionals.

There were varied demands across the full range of assessment and treatment waiting times that required mitigation to prevent adverse impacts on the waiting time standard.

Actions to Improve Performance

The Trauma service continues to be supported, to appoint people who are waiting 53+ weeks to start treatment, by pooling resources where it is available from across the MH services.

Services have continued to pool any available capacity between teams, across HSCP locality & care group boundaries. The Trauma service continue to source appropriate venues with space for face-to-face interventions between clinicians & patients with translators in attendance.

New additional peripatetic psychology capacity was used to work with the NE PCMHT staff to enable those waiting longest to start treatment. The additional resource has assisted a reduction in the number of longest waits.

Digital alternatives to face-to-face approaches (i.e., Anytime Anywhere or Near Me) have been used. Safe face-to-face appointments are arranged where facilities are suitable.

Teams have continued to source alternative appropriate accommodation, i.e., in GP facilities and other community setting.

Telephone contact with patients, who were waiting for their treatment to start, continued on a regular basis that included information of how to contact services should their condition deteriorate.

Staff and patients have received training and support to adapt to a range of home- and social distanced work-based arrangements. Some required IT and telecoms equipment to continue to deliver services.

The Board wide PT Group team have co-facilitated digital-based group interventions with CMHT staff

Access to cCBT for people with Long Term Conditions has been delivered.

There is a new computerised CBT platform (SilverCloud) replacing the Beating The Blues approach. This new platform offers a wider range of digitally based interventions with additional clinical supervision. Heads of Service and Professional Leads routinely monitor team performance to assess the impact of actions and support decision-making.

The timescales for approval to recruit have been assertively followed up. Where recruitment to some posts has resulted in no applicants, alternatives to create capacity to support existing teams and staff being generated were required.

Timescales for Improvement

- Appointing people waiting 53+ weeks will continue through 2023-24.
- People waiting 36+ weeks will be reviewed in future quarters.

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Target/Ref	2. Average Length of Stay (Short Stay Adult Mental Health Beds)
Purpose	To monitor whether people are staying within short stay beds for an appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Hospital	Target	20/21	2021/22				2022/23					
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
Stobhill	**28 days**	31.2 (R)	32.2 (R)	30.1 (R)	28.4 (G)	40.6 (R)	37.3 (R)	26.4 (G)	32.6 (R)	25.9 (G)	29.3 (A)	29.1 (A)
Leverndale		29.8 (R)	31.8 (R)	31.7 (R)	32.6 (R)	36.9 (R)	37.4 (R)	39.8 (R)	33.2 (R)	42.4 (R)	34.7 (R)	33.5 (R)
Gartnavel		29.8 (R)	37.7 (R)	31.3 (R)	32.8 (R)	33.4 (R)	33.0 (R)	26.3 (G)	28.9 (A)	36.2 (R)	33.1 (R)	34.6 (R)

Performance Trend

Between March and June, performance has moved from RED to AMBER at Stobhill; AMBER to RED at Gartnavel; and remained RED at Leverndale.

Issues Affecting Performance

Covid-19 still continues to have a lingering impact on the pattern of MH services responses. Wards are much less likely to close to new admissions during the quarter as a result.

Services continue to adapt and respond to variabilities in:

1.	Wards are less affected by closure to new admissions due to COVID which reduce patient movement. The impact on Glasgow City located acute admissions when capacity is reduced on a GC located site or in the wider acute admission system.
2.	Numbers of COVID-positive and other viruses less likely to temporarily reduce available bed days for the three main adult acute bed sites due to being closed to new admissions, whilst continuing to treat existing people admitted.
3.	Inpatient ward skill mix and nurse per bed ratio is an enduring impact along with on-going staff absence rates.
4.	The number of people staying 6 months remains obdurately above desired levels. The overall GG&C adult acute numbers during March reduced slightly within the predictable range.
5.	Occupied bed day use boarding from a person's usual catchment into and out from Glasgow City hospitals both internally and external to the Health Board area continues and boarders remain comparatively low in number and reported as disruptive to care.
6.	The local position for Adult Acute MH means length of stay remains a pressure.

Actions to Improve Performance

Operational responses prioritise maintaining safe care. Contingency responses remain applied day to day and site to site. Relatively higher lengths of stay are anticipated for the remainder of 2023-24. This is due to the relatively long lead in time to recruit to community vacancies and inpatient vacancies.

1. On-going consolidation of unscheduled assessments and admissions and single point of contact for access to mental health assessment for people in crisis throughout the 24 hour period 365 days per year to a wide range of partners.
2. Maintaining direct access to mental health assessment units.
3. In-reach practitioners across inpatients continuing to identify those patients who require short term admissions and then safely continue their care and treatment in the community.
4. Agreed pan-mental health system meeting to review boarders.
5. On-going development of Discharge Co-ordination Teams, including the numbers of people staying 6 months plus, via bed management lead.
7. Staffing supply and the impact on skill mix and staff per bed ratios remains a chronic issue.
8. Inpatient workforce standards scoped; funding budget challenges remain to any implementation.
9. The lead in time to build community responses that forestall the need for admission, but that maintain people's mental health indicates on-going pressure throughout 2023-24.

Timescales for Improvement

Daily operational contingency is reviewed and applied to the fluid situation and location of pressure.

On-going pressures still remain with vacancies, non-Covid absences, leave and supporting staff. This position is likely to continue in 2023-24. The overall pressure on adult acute admission beds is such that the initial phased movement towards the adult acute admission bed strategy endpoint will not be progressed before 2024.   The varied impact of the long recovery phase for people who had reduced contact during Covid still contribute to average lengths of stay. The tight margins still require delivery of a steadier state than is currently possible and will still require 6-12 months in 2023 to progress and assess the impact of actions.

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Target/Ref	3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)
Purpose	To monitor the utilisation of adult mental health short stay beds. Given the pressure on beds, the aim is to ensure occupancy rates do not exceed a maximum of 95%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Hospital	Target	2021/22				2022/23						
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
Stobhill	<95%	97 (G)	98.8 (A)	95.7 (G)	97.5 (A)	98.9 (A)	103 (R)	85 (G)	98.2 (A)	98.8 (A)	102 (R)	101.9 (R)
Leverndale		92.4 (G)	98.8 (A)	90.8 (G)	96.5 (G)	99.1 (A)	100 (R)	98 (A)	101 (R)	98.2 (A)	101 (R)	99.4 (A)
Gartnavel		93.2 (G)	97.5 (A)	97.2 (G)	95.1 (G)	98.8 (A)	96.2 (G)	89.2 (G)	98.9 (A)	99.6 (A)	98.7 (A)	98.2 (A)

Performance Trend
Between March and June, performance moved from AMBER to RED in Stobhill; remained AMBER at Gartnavel; while moving from RED to AMBER at Leverndale.

Issues Affecting Performance
Admissions and discharges remain generally high across the three main Glasgow City admission sites. Daily cross site support has maintained overall service ability to admit those who require inpatient care. This means people whose condition and progress/response to treatment is more stable are sometimes transferred to vacant space in older adult acute wards, as a last result to facilitate a new admission. Use of additional beds in larger bed bays to provide admission when circumstances require such exigency continue. This is anticipated to continue well into 2023/24. Percentage occupancy for the way the system of care is working is anticipated to remain at close to 99%. Community vacancy improvement is anticipated as assisting in reducing pressure on inpatient admissions.

Actions to Improve Performance
A range of discharge work for people with prolonged lengths of stay impacting on % occupancy continues as a focus of work to reduce the number of people with stays over 6 months during the remainder of this and into next year. Integrated discharge capacity and adult mental health social care options continue. This includes trying to reduce use of rehab and older adult MH services for people approaching readiness for discharge from adult acute to allow new admissions to acute care. Reducing vacancies during 2023 in community services are also viewed as a potential means to reduce pressure.

Timescales for Improvement
The discharge work and team service will require to continue into 2023/2024.

Indicator	4. **Revised Indicator**: Total number of Adult and Older People Mental Health Delays
Purpose	To monitor the extent to which Adult and Older People Mental Health patients are being unnecessarily delayed in hospital, with the aim that these are reduced. The figures shown relate to patients within Mental Health beds coded as general psychiatry and psychiatry of old age**.** Source of data is the monthly Health Board Delayed Discharges Mental Health Census Summary.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services)

Adults and Older People

Locality	Target	2020/21		2021/22				2022/23				
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
North East		9	10	8	12	11	11	6	10	6	5	5
North West		12	9	8	17	10	9	10	10	7	7	4
South		8	8	7	10	14	9	12	13	9	8	10
City		0	0	0	3	2	1	0	0	0	0	0
Sub-Total (Included Codes)		**29**	**27**	**23**	**42**	**37**	**30**	**28**	**33**	**22**	**20**	**19**
North East		3	1	1	0	1	1	1	3	2	1	0
North West		11	5	3	3	1	0	0	2	2	2	2
South		0	2	1	2	1	1	1	4	4	3	4
City		0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		**14**	**8**	**5**	**5**	**3**	**2**	**2**	**9**	**8**	**6**	**6**
All Delays	**TBC**	**43**	**35**	**28**	**47**	**40**	**32**	**30**	**42**	**30**	**26**	**25**

Adults

Locality	2020/21		2021/22				2022/23				
	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
North East	6	7	3	6	4	3	4	6	6	4	2
North West	8	6	3	8	4	5	6	8	5	4	3
South	2	4	4	6	6	3	4	8	6	5	5
City	0	0	0	3	1	0	0	0	0	0	0
Sub-Total (Included Codes)	**16**	**17**	**10**	**23**	**15**	**11**	**14**	**22**	**17**	**13**	**10**
North East	2	1	1	0	1	1	0	1	1	0	0
North West	5	3	2	2	1	0	0	1	1	1	1
South	0	1	1	1	0	0	0	0	0	0	0
City	0	0	0	0	0	0	0	0	0	0	0

Sub-Total (Complex Codes)	7	5	4	3	2	1	0	2	2	1	1
All Delays	23	22	14	26	17	12	14	24	19	14	11

Older People

Locality	2020/21		2021/22				2022/23				
	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
North East	3	3	5	6	7	8	2	4	0	1	3
North West	4	3	5	9	6	4	4	2	2	3	1
South	6	4	3	4	8	6	8	5	3	3	5
City					1	1					
Sub-Total (Included Codes)	13	10	13	19	22	19	14	11	5	7	9
North East	1	0	0	0	0	0	1	2	1	1	0
North West	6	2	1	1	0	0	0	1	1	1	1
South	0	1	0	1	1	1	1	4	4	3	4
City											
Sub-Total (Complex Codes)	7	3	1	2	1	1	2	7	6	5	5
All Delays	20	13	14	21	23	20	16	18	11	12	14

Performance Trend
This indicator has been revised and no longer includes data for Forensic Mental Health or Learning Disability. The target has not yet been confirmed and as a result it has not been RAG-rated for the current quarter. Previous indicators relating to Older People Mental Health have been removed from the framework to make this consistent with wider Health Board reporting.
Performance has continued to improve for both Adult and OPMH over the last year and work is ongoing to further improve the trajectory.
The review of discharges teams across the city will be concluded in the next two/three months. The focus has been on reviewing the remit and systems and processes across all these teams to ensure accessibility to all inpatient areas with the view that this will lead to more efficient patient flow, assessment at admission and discharge and ongoing support with subsequent reduction in lengths of stay and delays as a result of early identification of any barriers to discharge.
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ALCOHOL AND DRUGS

Indicator	1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.
Purpose	To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred. The figure reported includes the following services: the 3 ADRS teams, CNS (HAT), Drug Court, 218 and all Purchased Services.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	Target	20/21		21/22				22/23			
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City		98% (G)	99% (G)	95% (G)	92% (G)	94% (G)	95% (G)	93% (G)	96% (G)	94% (G)	96% (G)
North East ADRS	90%	99% (G)	99% (G)	Locality information was unavailable for this indicator during this time.						100% (G)	98% (G)
North West ADRS		100% (G)	100% (G)							80% (R)	76% (R)
South ADRS		99% (G)	97% (G)							99% (G)	100% (G)

Performance Trend
This indicator is reported one quarter in arrears. The Glasgow City ADP figure continued to exceed the 90% target at Quarter 4 (GREEN). A breakdown by locality has been made available for the current quarter; North East and South exceeded target (GREEN) while North West remained below target and RED. The North West locality has been in its post-covid recovery and experienced significant challenges with staff leaving and unplanned staff absences. There will be considerable improvement for the following period as the locality has introduced an Access model which is now implemented and embedded within the service. Back to Summary

SANDYFORD (SEXUAL HEALTH)

Indicator	1. Number of vLARC IUD appointments offered across all Sandyford locations
Purpose	To establish if clinical capacity is being maximised.
National/ Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	2021/22				2022/23				2023/24
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		1438	1106	877	1115	921	1019	1191	1202	1110
NE		483	332	284	323	249	362	326	294	210
NW		955	774	593	792	582	651	706	758	750
S		0	0	0	0	90	96	159	150	150
NHSGGC	1354 per Quarter	1784 (R)	1400 (R)	1169 (R)	1465 (R)	1164 (R)	1427 (G)	1527 (G)	1509 (G)	1393 (G)
DNA rate			11%	6%	4%	6%	9.9%	9.61%	9.41%	13.07%

Performance Trend
The target for the number of IUD appointments has continued to be met since Q2 22/23. Please note that the DNA rate does not include TOP. Please also note that the targets were adjusted from 1888 to 1354 for 2022/23. Back to Summary

Indicator	2. Number of vLARC Implant appointments offered across all Sandyford locations
Purpose	To establish if clinical capacity is being maximised.
National/ Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

2022/23	Target	2021/22				2022/23				2023/24
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		1278	1019	745	1003	1128	1629	1611	1169	1069
NE		513	382	311	414	383	413	279	323	253
NW		765	637	434	589	625	1044	1167	667	552
S		0	0	0	0	120	172	165	179	264
NHSGGC	1166 per quarter	1966 (R)	1621 (R)	1217 (R)	1626 (R)	1587 (G)	2035 (G)	2210 (G)	1776 (G)	1859 (G)
DNA rate			14%	11%	11%	10%	13%	18.75%	15.54%	19.69%

Performance Trend
The revised target for the number of implant appointments has continued to be met since Q1 22/23 remaining GREEN. Please note that the DNA rate does not include TOP. Please also note that the targets were adjusted from 2431 to 1166 for 2022/23.
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Indicator	3. Median waiting times for access to Urgent Care appointments.
Purpose	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations. This indicator now uses median rather than mean (average) as small numbers of outliers were adversely skewing the results.
Type of Indicator	National Indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	2021/22				2022/23				2023/24
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	2 working days	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	2 (G)	1 (G)	1 (G)
NE		1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	2 (G)	2 (G)	1 (G)	1 (G)
NW		1 (G)	2 (G)	1 (G)	2 (G)	1 (G)	2 (G)	2 (G)	1 (G)	1 (G)
S		NA	NA	NA	NA	2 (G)	2 (G)	2 (G)	1 (G)	1 (G)
NHSGGC		1	2	1	2	2	2	2	1	1

Performance Trend
Performance remains GREEN in all localities and city and Board wide. Target has been adjusted to be based on median rather than average waiting times as small numbers of outliers were distorting the figures.

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Indicator	4-7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male & Female)
Purpose	Improved service access across all Sandyford services for young people aged under 18
National/Corporate/Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Male

Area	Age	Target	2021/22				2022/23				2023/24
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	13-15	4	6 (R)	2 (R)	4 (G)	6 (G)	4 (G)	5 (G)	3 (R)	4 (G)	7 (G)
NHSGGC		13	14 (R)	8 (R)	11 (R)	9 (R)	14 (G)	15 (G)	13 (G)	13 (G)	14 (G)
City	16-17	27	23 (R)	29 (G)	18 (R)	14 (R)	20 (R)	20 (R)	23 (R)	20 (R)	23 (R)
NHSGGC		49	39 (R)	47 (G)	34 (R)	28 (R)	21 (R)	39 (R)	43 (R)	39 (R)	40 (R)

Female

Area	Age	Target	2021/22				2022/23				2023/24
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	13-15	75	68 (R)	61 (R)	51 (R)	46 (R)	44 (R)	53 (R)	70 (R)	59 (R)	71 (R)
NHSGGC		143	129 (R)	118 (R)	109 (R)	107 (R)	104 (R)	113 (R)	127 (R)	122 (R)	143 (G)
City	16-17	195	180 (R)	172 (R)	143 (R)	146 (R)	127 (R)	178 (R)	165 (R)	147 (R)	150 (R)
NHSGGC		358	343 (R)	314 (R)	266 (R)	278 (R)	241 (R)	324 (R)	320 (R)	296 (R)	297 (R)

Performance Trend
Performance varies between age groups and over time. During Q1, targets were met for younger age males (13-15) (City and NHSGGC) and younger aged females (13-15) in NHSGGC.

Issues Affecting Performance
Nationally, the numbers of young people attending sexual health services are declining and have been for some years. Local Health and Wellbeing surveys tend to suggest that young people are not as sexually active and/or are delaying sex until they are older.

Actions to Improve Performance
Consideration to be given to the current service model, in light of national data, different models (eg walk in pilot at Parkhead), range of options for engaging with young people, awareness raising of the services available.

Timescales for Improvement
Spring 2024. Back to Summary

Indicator	8. Waiting times for access to first TOPAR (Termination of Pregnancy and Referral) Appointments
Purpose	To monitor waiting times for access to first appointment at TOPAR service
National/ Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Target	2021/22				2022/23				2023/24
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
5 working days	0 (G)	1 (G)	1 (G)	2 (G)	3 (G)	4 (G)	4 (G)	6 (R)	7 (R)

Performance Trend
Performance remained RED during Quarter 1 with waiting times slightly increasing.

Issues Affecting Performance
Increase in service demand continue to be caused by: • National policy changes enabling Early Medical Abortion at Home (EMAH) and remote access to service, resulting in Sandyford absorbing the majority of GGC medical abortion activity.   • Surgical terminations ceased during Covid and have not yet restarted.   • Women from the Clyde areas within Greater Glasgow and Clyde are increasingly choosing to access the self-referral abortion care pathway to the service at Sandyford.   Abortion rates are increasing nationally.   Staffing issues are causing pressure on the service

Actions to Improve Performance
Discussions with NHS GGC Acute to ensure the Abortion Care service provided at Sandyford Sexual Health Services is appropriately resourced are ongoing.   New system introduced in April, with clients given a date in which to expect a call back, has significantly reduced the number of unanswered client calls. Verbal abuse towards staff has also decreased as a result. However, waiting times still impacted by staffing issues and other factors as above.
Timescales for Improvement
Spring 2024.   Back to Summary

HOMELESSNESS

Indicator	1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation.
Purpose	To monitor the proportion of homeless applications where a decision is made within the 28-day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled Accommodation in these cases.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	20/21	21/22				22/23				23/24
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	95%	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)	99% (G)	99% (G)	99% (G)	99% (G)	99% (G)
North East		98% (G)	99% (G)	97% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	99% (G)	100% (G)
North West		100% (G)	98% (G)	99% (G)	100% (G)	99% (G)	99% (G)	98% (G)	97% (G)	97% (G)	98% (G)
South		100% (G)	100% (G)	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)	99% (G)	99% (G)	100% (G)
Asylum & Refugee Team (ARST)		100% (G)	100% (G)	97% (G)	100% (G)	100% (G)	99% (G)	98% (G)	99% (G)	99% (G)	98% (G)

Performance Trend

Performance was maintained during Q1 with all localities and teams remaining above target (GREEN). A total of 1,159 decisions were made during Q1; 7 (1%) were outwith timescale.

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Indicator	2. Percentage of live homeless applications over 6 months duration at the end of the quarter
Purpose	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	20/21	21/22				22/23				23/24
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		44% (R)	39% (G)	43% (R)	48% (R)	48% (R)	50% (R)	50% (R)	48% (R)	45% (R)	46% (R)
North East		42% (R)	39% (G)	41% (G)	46% (R)	45% (R)	48% (R)	50% (R)	52% (R)	47% (R)	48% (R)
North West	<40%	43% (R)	40% (G)	43% (R)	50% (R)	51% (R)	49% (R)	49% (R)	47% (R)	42% (R)	43% (R)
South		45% (R)	37% (G)	40% (G)	43% (R)	44% (R)	46% (R)	47% (R)	47% (R)	47% (R)	49% (R)
Asylum & Refugee Team (ARST)		45% (R)	40% (G)	51% (R)	61% (R)	61% (R)	66% (R)	67% (R)	56% (R)	48% (R)	53% (R)

Performance Trend

During Q1 all Teams and localities continued to remain outwith the target range (<40%) and RED.

The volume of new Homeless Applications received during Q1 (1,546) was 23% lower than Q4 (2,006). See table below for trend information.

Additional Information: Volume of Homeless Applications

20/21				21/22				22/23				23/24
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
1,376	1,540	1,582	1,922	1,979	1,781	1,641	1,609	1,485	1,615	1,635	2,006	1,546

Issues Affecting Performance

All localities, and ARST, have seen a small increase in the percentage of cases which are over 6 months.

This indicator is affected by both the supply of housing but also new demand which reduces the percentage of cases over 6 months. Given that the number of new homelessness applications was significantly lower in Q1 (compared with Q4 last year), this has led to an increase in the percentage of cases which are over 6 months. Whilst the indicator has increased, the positive prevention work which is being undertaken by Homelessness Services must be recognised.

Actions to Improve Performance
Prevention activity within both Health and Social Care Connect (HSCC) and the Community Homelessness Teams continues to be prioritised in order to reduce homelessness presentations within the City. Work is also on-going to ensure that the number of section 5 referrals being sent to RSL partners is optimised to increase the number of lets available to homeless households. Q1 figures show that there has been a c.10% increase in the number of lets provided to homeless households and new monitoring frameworks are now in place in order to improve the monitoring of RSL performance across the city. Indicator 3, below, shows that the number of resettlement plans complete, per quarter, also remains above target.

Timescales for Improvement
It is likely that this indicator will only reduce after a continued period of prevention work coupled with an increase in settled lets. It is anticipated that this figure will reduce at the end of Q4 2023/24 after a sustained period of increased lets from RSL partners. Back to Summary

Target/Ref	3. Number of new resettlement plans completed - total to end of quarter (citywide)
Purpose	To measure progress towards sustained provision of increased numbers of resettlement plans, which outline housing needs for individual households and form the basis of requests for settled accommodation through the Section 5 process, based on the weekly count of new plans agreed by Housing Access Team.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target		Total 19/20	Total 20/21	21/22	Total 21/22	22/23				Total 22/23	23/24
21/22	From 22/23			Q4		Q1	Q2	Q3	Q4		Q1
5,000 per annum (1,250 per quarter)	3,750 per annum (938 per quarter)	3,774 (R)	3,961 (R)	1,156 (R)	4,675 (R)	897 (A)	1,039 (G)	1,043 (G)	1,037 (G)	4,016 (G)	1,007 (G)

Performance Trend
The target for the number of resettlement plans continued to be exceeded during Quarter 1 (GREEN). Back to Summary

Indicator	4. Average number of weeks from assessment decision to settled accommodation
Purpose	A core element of the Council's Rapid Rehousing Development Plan is to achieve a reduction in the time it takes for people to access settled accommodation. This indicator provides insight into performance on the length of time from homelessness assessment decision to resettlement.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	21/22				22/23				23/24
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City-wide	26 weeks	39 wks (R)	35 wks (R)	41 wks (R)	45 wks (R)	52 wks (R)	47 wks (R)	43 wks (R)	50 wks (R)	45 wks (R)

Performance Trend
Although performance did not meet target (RED), the average number of weeks decreased during Q1 by 5 since year end (Q4, 50 weeks). The average number of weeks is due to a number of older cases being rehoused during quarter 1 (50 applications were over 2 years with 4 of these being over 4 years).

Issues Affecting Performance
Current governance arrangements in place within homelessness services ensure that offers of settled accommodation are made to homeless households who have been registered as homeless for the longest period of time. This ensures fairness and transparency within the resettlement process. When older cases, particularly those over 2 years and larger family households, are closed, this has a significant impact upon the average number of weeks from a homelessness decision to settled accommodation being provided.

Actions to Improve Performance
The length of time from assessment decision to settled accommodation is affected by the availability of settled accommodation with RSL partners and the ability of homelessness services to access these lets for homeless households. The HSCP continues to engage with RSL partners to request a continued increase in the number of lets to homelessness households to speed up the resettlement process and relieve pressure on temporary accommodation. As part of the Local Letting Plan, the

HSCP has again written to RSLs advising that there is a requirement for 60% of social housing lets to be provided for homeless households.

Robust monitoring and tracking arrangements are now in place within the HSCP to examine, in real time, the number of lets across the city and the number provided to homeless households. This should result in an increased number of lets for homeless households, through targeted referrals, and ensure a shorter end-to-end journey.

Timescales for Improvement

It is likely that this figure may fluctuate in the short term as current governance arrangements will ensure that offers of settled accommodation are given to homeless households who have been homeless for the longest period of time.

Where a number of larger properties are secured for homeless households, this can increase the average timeframe given that larger families will wait for a longer period of time before securing settled accommodation due to the lower supply and turnover of this type of stock.

However, as the number of longer-term cases reduce, this will have a positive impact on this indicator. It is expected that this indicator will reduce in Q4 of 2023/24.

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Target/Ref	5. Number of households reassessed as homeless or potentially homeless within 12 months.
Purpose	This indicator reports on the number of "Repeats" by monitoring the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	Full Year Total 19/20	Full Year Total 20/21	2021/22		Full Year Total 21/22	22/23				Full Year Total 22/23	23/24
			Q3	Q4		Q1	Q2	Q3	Q4		Q1
<480 per annum (<120 per Quarter)	437 (G)	420 (G)	124 (A)	121 (G)	526 (R)	96 (G)	107 (G)	93 (G)	110 (G)	406 (G)	75 (G)

Performance Trend

During Q1 the number of Repeats remained below the upper threshold and GREEN for the sixth consecutive quarter and was significantly down on the end of year figure of 110.

Additional Information: Breakdown of reassessment/repeat figures

Analysis of the 75 households reassessed during Q1 shows:

- 37 Households received temporary accommodation.
- 21 of these households were accommodated in Emergency Accommodation (B&B/Private Hotel) on the day they presented to us.

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Target/Ref	6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.
Purpose	This indicator monitors progress against strategic commitments to prevent and alleviate homelessness and rough sleeping across the city. It demonstrates the ability of the Council to meet its statutory duty to provide temporary accommodation for homeless households while their application is being assessed.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strahtegic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	20/21			21/22				22/23				23/24
	Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
100%	99% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)

Performance Trend
Performance continued to remain on target (GREEN) during the first quarter of 23/24.   Back to Summary

Indicator	7. Number of new Housing First tenancies created
Purpose	The RRTP sets out an objective to rehouse 600 households through the Housing First approach over the life of the plan. This indicator provides an overview of the progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target		20/21				21/22				22/23				23/24
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1*	Q2*	Q3*	Q4	Q1
600 over 5 years from 2019/20. Q2 target is 240. Target by end of 22/23 is 280	Number created during quarter	0	19	25	32	22	17	12	10	9	13	9	3	3
	Cumu-lative Total	119 (Base-line)	138 (R)	163 (R)	195 (R)	217 (R)	234 (A)	246 (A)	256 (R)	265 (R)	278 (G)	287 (G)	290 (G)	293 (G)

Performance Trend

Updated figures for Quarters 1-3 were provided by the service in January and April 2023

New Target for 23/24 to be confirmed.

The 22/23 year-end target of 280 Housing First tenancies was exceeded during Q3 and increased by a further 6 tenancies during Q4 (3) and Q1 (3) to give a cumulative total of 293.

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Indicator	8. Number of Households in Bed & Breakfast Accommodation
Purpose	The RRTP sets out an ambition to end the use of bed and breakfast accommodation during the life of the plan. This indicator will allow the HSCP to track progress in meeting this objective. The figures reported are the number of households who are in B&B and Private Hotels at the end of the quarter.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	20/21		21/22				22/23				23/24
	Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Target for end of 22/23 is **395 units or less** (21/22 Target was 350 or less)	**439 (R)**	**344 (G)**	**286 (G)**	**389 (R)**	**369 (R)**	**414 (R)**	**461 (R)**	**504 (R)**	**538 (R)**	**623 (R)**	**725 (R)**

Performance Trend

New Target for 23/24 to be confirmed.

During Q1 this indicator remained RED against the 22/23 year-end target of 395 units or less. Between year-end 22/23 and Q1 there was an increase of 16% (102) in the number of homeless households accommodated within B&B type accommodation.

Additional Information: Average Length of Time people spend in B&B
The average number of days a household spend in B&B/Private Hotels within a quarter is provided below. This is taken from those temporary tenancies which ended within that quarter.

2021/2022				22/23				23/24
Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
22 days	21 days	25 days	25 days	30 days	32 days	34 days	26 days	24 days

Issues Affecting Performance

The service has seen continued demand for emergency accommodation through Q1. The increase in the use of bed and breakfast accommodation has allowed the service to continue to meet its statutory duty. This has been as a result of a general increase in demand coupled with demand flowing from recent changes to local connection legislation.

Whilst the number of settled lets provided to homeless households remains below the requested level (60% of social housing lets from RSLs), there will inevitably be increases in the lengths of stay within temporary accommodation, including Bed and Breakfast. However, positively there has been a 10% increase in the number of settled lets for homeless households compared to Q1 2022/23.

Actions to Improve Performance

The HSCP continues to have a clear focus on homelessness prevention activities in order to reduce the demand for temporary and settled accommodation. The HSCP will also continue to work with RSL partners to secure an increased level of supply of settled lets to reduce reliance on bed and breakfast type accommodation.

Agreed plans are also in place to reduce the number of bed and breakfast placements by 10 per week, in order to reduce the reliance on this type of accommodation. Further decommissioning of city centre hotels will also take place throughout Q2 and the remainder of the year.

Timescales for Improvement

It is anticipated that there will be a reduction in Q2-Q3 of 2023/24 given the agreement in place to reduce the capacity of Bed and Breakfast accommodation by 10 places per week.

It is also anticipated that there will be an increase in the number of settled lets from RSLs allowing more households to move on from temporary accommodation.

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Indicator	9. Number of Temporary Furnished Flats (TFFs)
Purpose	The RRTP sets out an objective to reduce the number of Temporary Furnished Flats (TFFs) over the life of the plan. The reduction in TFFs is contingent upon the securing of additional settled lets. This indicator provides an overview of progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	21/22				22/23				23/24
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Target for end of 2022/23 is 2,400 or less	2,368 (R)	2,359 (R)	2,348 (R)	2,350 (R)	2,338 (G)	2,348 (G)	2,365 (G)	2,413 (G)	2,415 (G)

Performance Trend

New Target for 23/24 to be confirmed.

There was a tiny increase in the number of temporary furnished flats (TFFs) between year-end and Q1; performance remains within the target range of the year-end target of 2,400 or less (GREEN).

In order to reduce the number of households in B&B, the HSCP is looking to increase its current stock of TFFs within the social housing and private rented sectors. The target for 2022/23 was therefore adjusted to 2,400 or less (from 1,850 in 2021/22).

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CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
Purpose	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made. This indicator remains relevant to reflect the need for speed in response.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	21/22				22/23				23/24
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	80%	77 (A)	86 (G)	81 (G)	87 (G)	89 (G)	88 (G)	89 (G)	89 (G)	85 (G)
North East		72 (R)	76 (R)	80 (G)	94 (G)	94 (G)	93 (G)	88 (G)	91 (G)	90 (G)
North West		78 (A)	93 (G)	83 (G)	80 (G)	81 (G)	84 (G)	83 (G)	87 (G)	81 (G)
South		81 (G)	89 (G)	82 (G)	87 (G)	90 (G)	89 (G)	95 (G)	89 (G)	86 (G)

Performance Trend
During Q1 performance slipped slightly but continued to exceed target (GREEN) at both city and locality level.

A total of 549 CPOs (North East, North West and South) were made during Q1; an increase of just over 3% in comparison to Q4 (531). In addition, 36 CPOs were made by the Caledonian Team during the reporting period.

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Indicator	2. Percentage with a Case Management Plan within 20 days: **i) Community Payback Orders** (CPOs) (By locality and for the Caledonian Domestic Abuse Programme) **ii) Drug Treatment and Testing Orders** (DTTO) (Drug Court) **iii) Throughcare Licences** (Clyde Quay, Sex Offender Criminal Justice Services)
Purpose	To monitor the extent to which CPOs, DTTOs and Throughcare Licenses have a case management plan within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/ Team	Target	21/22				22/23				23/24
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City (All)	85%	83 (G)	85 (G)	83 (G)	93 (G)	87 (G)	98 (G)	85 (G)	97 (G)	99 (G)
North East (CPOs)		78 (R)	84 (G)	72 (R)	91 (G)	83 (G)	100 (G)	77 (R)	93 (G)	100 (G)
North West (CPOs)		85 (G)	88 (G)	86 (G)	92 (G)	90 (G)	97 (G)	94 (G)	100 (G)	100 (G)
South (CPOs)		88 (G)	83 (G)	89 (G)	93 (G)	88 (G)	99 (G)	80 (R)	99 (G)	97 (G)
Caledonian Team (CPOs)		n/a				85 (G)	93 (G)	86 (G)	97 (G)	100 (G)
Drug Court Team (DTTOs)		n/a				100 (G)	100 (G)	80 (R)	100 (G)	100 (G)
Clyde Quay (Throughcare Licenses)		n/a				100 (G)	100 (G)	100 (G)	100 (G)	100 (G)
Performance Trend										

During Q1 performance in all localities and teams continued to exceed target (GREEN).

Indicator extended in 22/23 to include the Caledonian Team, Clyde Quay and Drug Court Team so no historical figures for them.

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Indicator	3. Percentage of 3-month Reviews held within timescale (CPOs, DTTOs and Throughcare Licenses).
Purpose	CPOs, DTTOs and Licenses should be reviewed at regular intervals and revised where necessary. This indicator monitors the proportion of reviews held within the 3-month standard.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/ Team	Target	21/22				22/23				23/24
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City (All)	75%	83 (G)	85 (G)	86 (G)	86 (G)	90 (G)	87 (G)	81 (G)	83 (G)	85 (G)
North East (CPOs)		75 (G)	80 (G)	81 (G)	84 (G)	88 (G)	86 (G)	86 (G)	84 (G)	88 (G)
North West (CPOs)		91 (G)	97 (G)	91 (G)	89 (G)	97 (G)	95 (G)	89 (G)	84 (G)	93 (G)
South (CPOs)		81 (G)	81 (G)	86 (G)	85 (G)	91 (G)	83 (G)	71 (R)	82 (G)	83 (G)
Caledonian Team (CPOs)		n/a				78 (G)	78 (G)	81 (G)	84 (G)	65 (R)
Drug Court Team (DTTOs)		n/a				100 (G)	89 (G)	100 (G)	100 (G)	71 (R)
Clyde Quay (Throughcare Licenses)		n/a				100 (G)	100 (G)	100 (G)	100 (G)	100 (G)

Performance Trend

During Q1 performance, the target for reviews was exceeded at city level and in all localities and the Clyde Quay Team (GREEN). Performance in the Caledonian and Drug Court Teams fell significantly during the reporting period with the RAG rating moving from GREEN to RED.

Indicator extended in 22/23 to include the Caledonian Team, Clyde Quay and Drug Court Team so no historical figures for them.

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Indicator	4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
Purpose	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement. This indicator remains important to emphasise the need for speed and efficiency.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	21/22				22/23				23/24
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	70%	70 (G)	70 (G)	75 (G)	80 (G)	83 (G)	83 (G)	84 (G)	85 (G)	85 (G)
North East		68 (A)	74 (G)	82 (G)	84 (G)	85 (G)	85 (G)	92 (G)	90 (G)	87 (G)
North West		61 (R)	64 (R)	66 (R)	80 (G)	82 (G)	82 (G)	79 (G)	84 (G)	87 (G)
South		80 (G)	70 (G)	75 (G)	76 (G)	82 (G)	81 (G)	83 (G)	83 (G)	81 (G)

Performance Trend

Performance was maintained during Q1 with all localities continuing to exceed target (GREEN).

Excluding breaches gives the following figures: NE 92%, NW 94% and South 85% (City 90%).

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Indicator	5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.
Purpose	It is essential that Social Work reports are submitted to court. This indicator monitors the proportion of reports submitted, thus reducing letters to court.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/Team	Target	21/22				22/23				23/24
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	80%	81 (G)	79 (G)	81 (G)	77 (A)	79 (G)	79 (G)	84 (G)	80 (G)	79 (G)
North East		84 (G)	82 (G)	81 (G)	77 (A)	78 (A)	79 (G)	87 (G)	78 (A)	78 (A)
North West		81 (G)	80 (G)	81 (G)	79 (G)	83 (G)	83 (G)	85 (G)	83 (G)	85 (G)
South		77 (A)	77 (A)	81 (G)	74 (R)	77 (A)	77 (A)	81 (G)	80 (G)	77 (A)
Caledonian Team		n/a				75 (R)	72 (R)	87 (G)	77 (A)	71 (R)
Drug Court Team		n/a				79 (G)	68 (R)	57 (R)	82 (G)	36 (R)

Performance Trend
During Q1 performance was maintained in the city and North West which remained GREEN. Performance in the Drug Court Team fell significantly by 46 percentage points with the RAG rating moving from GREEN to RED. Performance also fell in South and the Caledonian Team with the RAG rating moving from GREEN to AMBER and AMBER to RED respectively during the reporting period. North East remained just outwith the target range and AMBER. Indicator extended in 22/23 to include the Caledonian Team, Clyde Quay and Drug Court Team so no historical figures for them. Back to Summary

Indicator	6. Throughcare Order Licences: Percentage of post release interviews held within one day of release from prison
Purpose	It is important that post release interviews are held as soon as possible after release from prison. This indicator monitors the proportion of interviews held within one day of release. The data shown below excludes Extended Sentence Licenses.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality /Team	Target	21/22				22/23				23/24
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	21/22 90% **From 22/23 80%**	88 (G)	94 (G)	96 (G)	90 (G)	88 (G)	98* (G)	98* (G)	98 (G)	100 (G)
North East		60 (R)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100* (G)	100 (G)	100 (G)
North West		80 (R)	92 (G)	90 (G)	88 (G)	75 (R)	100* (G)	100* (G)	100 (G)	100 (G)
South		100 (G)	89 (G)	100 (G)	82 (R)	88 (G)	91* (G)	93* (G)	100 (G)	100 (G)
Clyde Quay		n/a				100 (G)	100 (G)	100 (G)	93 (G)	100 (G)

*These Q2 and Q3 figures were revised following a review of the data by the Service.

Performance Trend
All teams and localities continued to exceed target (GREEN) with all post-release interviews held within one day of release during Quarter 1. Target revised from 90% to 80% for 22/23 and indicator extended to include Clyde Quay from Quarter 1 22/23, so no historical data for it. Back to Summary

HEALTH IMPROVEMENT

Indicator	1. Alcohol brief intervention delivery (ABI)
Purpose	To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police custody suites, smoking cessation groups, district nurses and partner agency staff. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above those levels identified by the Chief Medical Officer as low risk.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Annual Target	Quarterly Target	21/22 Total	22/23 Total	2023/24 Q1	Q2	Q3	Q4	Year to Date
City	5066	1267	7749 (G)	8966 (G)	3017 (G)				3017 (G)
NE			351	1	2				2
NW			221	0	1				1
S			93	0	0				0
City Wide (Non sector specific)			7084	8965	3014				3014

Performance Trend
Performance for Q1 of 2023/24 remains GREEN. Note: City wide services are delivered in localities but are recorded at a city-wide level. Back to Summary

Indicator	2. Smoking Quit Rates at 3 months from the 40% most deprived areas
Purpose	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile and the combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Annual Target	19/20 Total	20/21 Total	21/22 Total	22/23 Target Year to Date	2022/23 Cumulative Totals			
						Q1	Q2	Q3	Q4
City	1217	1389 (G)	1280 (G)	1260 (G)	1217	248 (R)	472 (R)	702 (R)	1050 (R)
NE	478	516 (G)	459 (A)	452 (R)	478	70 (R)	156 (R)	231 (R)	358 (R)
NW	385	422 (G)	442 (G)	411 (G)	385	61 (R)	127 (R)	203 (R)	303 (R)
S	352	451 (G)	379 (G)	456 (G)	352	117 (G)	189 (G)	268 (G)	389 (G)

Performance Trend
This indicator is reported in arrears. Performance is meeting target in the South but below target in the other localities and city wide at Q4, as it has been throughout 2022/23. There has been a slight increase in quits across the community service in 2022/23 (445) compared to 2021/22 (430).

Issues Affecting Performance
This is lower than expected due to a number of reasons including issues with pharmacy capacity and unavailability of several products including varenicline. This has now been unavailable since June 2021 and was the most popular and effective product. In addition, following the pandemic, clients continue to present at the QYW (Quit Your Way) Community service with complex needs such as poor mental health, isolation, addictions, and financial issues. This requires an increased amount of time and intensity of intervention to provide holistic support for clients by signposting and referring to many local agencies and support services, which in turn causes capacity issues. The service has also been significantly impacted with staff absences and vacancies across the City and the service has been operating with 76% of the staffing complement pre-pandemic.

Actions to Improve Performance
Our community QYW staff are engaging with Public Health Pharmacy and local pharmacy colleagues to try and provide support and identify solutions to improve pharmacy

performance and resolve current challenges. At least one face-to-face community clinic is now operating in each of the three localities which offers clients an opportunity to get support face-to-face. The teams are currently exploring how to offer a variety of service options to clients and are developing two Test of Change pilots across the City – the use of a Smoke Free App and an online smoking cessation support group.

Timescales for Improvement

Improvements will be monitored by the Tobacco PIG, GG&C Smoking Cessation Manager's Group and City Tobacco Group on an ongoing basis.

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Indicator	3. Women smoking in pregnancy (general population).
Purpose	To monitor the extent to which women are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Q3	11% 22/23	8.2% (G)	9.7% (G)	10.6% (G)	9.3% (G)	9.5% (G)	7.9% (G)	9.9% (G)	8.3% (G)	8.4% (G)
North East		10.6	12.9	11.6	12.0	12.1	10.5	11.7	9.4	10.6
North West	10% 23/24	6.3	7.0	9.4	8.5	8.3	6.4	9.7	7.3	6.4
South		7.9	9.5	10.7	8	8.6	6.8	8.8	8.4	8.2

Performance Trend
Target for 2022/23 reduced by 1% from 12% (2021/22) in line with the aim of reducing to 5% by 2030. This has been further reduced to 10% for 2023/24.
Performance at city level declined slightly during Q4 but remained GREEN.
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Indicator	4. Women smoking in pregnancy (most deprived quintile)
Purpose	To monitor the extent to which women are smoking in pregnancy within the most deprived quintile of the population. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	**15.5% 22/23** **14% 23/24**	12.4% (G)	14.8% (G)	15.3% (G)	14.5% (G)	15.9% (G)	12.1% (G)	16% (A)	13.8% (G)	13.9% (G)
North East		14.0	16.1	15.4	16.8	16.7	15.8	14.5	13.6	14.9
North West		10.9	12.9	14.3	14.5	15.3	8.2	17.4	14.6	11.2
South		11.9	14.9	15.9	12.1	15.5	11.3	16.5	13.2	15.2

Performance Trend
Target for 2022/23 reduced by 1.5% from 17% (2021/22) in line with aim to reduce the gap with general population. This has been further reduced to 14% for 2023/24.
Performance at city level declined slightly during Q4 but remained GREEN.
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Indicator	5. Exclusive Breast feeding at 6-8 weeks (general population)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City		30.2 (A)	30 (R)	28.3 (R)	28.3 (R)	28 (R)	29.4 (R)	28.0 (R)	28.7 (R)	31.1 (R)
North East	33% (end 22/23)	23.6	22.1	17.9	17.2	22	24.3	20.3	21.0	23.3
North West		37.1	34.3	33.5	33.8	30.9	33.9	32.6	34.9	36
South		29.7	32.5	31.9	32.2	30.4	29.9	31.2	30.3	34

Performance Trend
Data is reported in arrears. Performance remained RED at a city level although increased in the last quarter at city level and in all localities.

Issues Affecting Performance
The board Infant Feeding Team continues to be impacted by reduced capacity due to long-term sickness. Currently they are operating at 1/3 capacity meaning only 1 member of staff is providing services. Clinic appointments continue to be prioritised by the Board team with as many appointments as possible being offered to mothers and babies experiencing feeding issues. This continues to be a mix of face-to-face and online appointments to meet the needs of mothers. Currently across the city, all Breastfeeding groups that are running are led by 3rd Sector orgs. These orgs are funded via Scottish Government or by the City Health Improvement budget. Continuation of these groups will be dependent on securing ongoing funding. Generally, input at groups by Health Visiting and Family Nurse (FN) Teams is not possible due to staffing capacity and a focus on the delivery of the Universal Pathway, although there has been some input at NE groups over the past quarter by HCSWs. Health Visiting and Family Nurse Teams continue to support mothers as part of their Universal Pathway Visits. Input into UNICEF processes such as audit is supported as capacity allows. Staffing pressures among HV and FN teams has meant at times, completion of planned audits has been delayed across the city and often relies heavily on Health Improvement/Infant Feeding staff.

Actions to Improve Performance

As stated, the blended offer of support via the Breastfeeding Problem-Solving Clinics continues. Appointments are offered at the West Maternity Care Centre and in the Renfrewshire area.

Infant feeding training and updates delivered by the board Infant feeding team to HV and Family Nurse staff have been ongoing despite the ongoing staffing challenges faced by the board team. The first round of audit around staff knowledge and skills in relation to infant feeding has commenced for 2023/24.

Funding from Health Improvement for ongoing provision of the telephone peer support service to Antenatal and Postnatal families from April 2023 - March 2024. Since April 23, 40 women have been supported with increases in uptake from women from BME backgrounds and those from SIMD 1 and 2 areas. Funding for the same period to enable a citywide breastfeeding peer support service to be delivered alongside the telephone peer support has progressed.

In addition to the four face to face groups in the NE and the NCT group running in the South in the Gorbals area, with on average 8-10 mothers attending weekly. South Glasgow has also recently introduced Peer support input into two of Home Start Glasgow South's groups (Mum and Bumps in Govan and The Warm Place in Pollokshaws). Scoping is currently underway for input at a local library either in Pollok or Castlemilk. Northwest Glasgow are in discussion around recommencing their group in Partick Library and hope to have peer support input into groups run by 3D Drumchapel also.

In addition to face-to-face, 3rd Sector BF support (BFN and NCT) each offer 1 Online support group per week and continue to offer 1-1 and Attend Anywhere appointments. Uptake continues to be variable via these platforms.

Volunteers: Currently in the city 38% of BfN volunteers working across a range of our services (groups, telephone, maternity) are now from a minority group compared to 16% for the rest of Scotland. We continue to focus on engagement with minority communities to aid peer recruitment and increase uptake of the service. In addition, we are looking to increase uptake of the service among young mothers and our 15% data zone areas. NCT and BFN continue to offer Breastfeeding support on postnatal wards and neonatal units across GGC (QEUH, PRM, RAH).

Health Improvement continues to lead on the roll out of the Breastfeeding Friendly Scotland Scheme in the City as per the previous update.

Glasgow City HI staff continue to contribute to the National Breastfeeding Collaborative and the GGC Public Acceptability Group. Successful campaigns were undertaken to promote Breastfeeding during Scottish BF week in June and World BF week in August.

The pilot with the HV team in Thornliebank in South Glasgow to test if additional visits by support staff in the HV teams at 3, 5 and 6 weeks reduces the BF drop off rate for those families is progressing. So far 10 mothers have been supported and so far, all are continuing to provide breastmilk to their babies by 5-6 weeks.

The planning for a pilot project in NE involving early breastfeeding support via HCSW is underway with a view to roll out in October 2023, initially in the Springburn area. HCSW clinical skills training is scheduled for August, a SOP has been developed and work is progressing with regards to data collection, evaluation and the application of QI methodologies.

Timescales for Improvement
Face-to-face groups restarted in some areas and, due to start in NW by October 2023. Telephone support pilot will continue until end March 2024; 1 peer support course commenced and 2 further peer support courses due to start in in September 23. UNICEF Gold Annual report for 23/24 UNICEF due to be submitted by mid-March 2024. Back to Summary

Indicator	6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City		21.2 (R)	20.7 (R)	20.9 (R)	20.1 (R)	20.6 (R)	23.3 (A)	20.8 (R)	18.8 (R)	25.0 (G)
North East	**24.4% (end 22/23)**	20.1	19.0	17.2	17.1	21.2	25.7	16.8	17.2	21.8
North West		25.3	22.2	19.5	20.9	23.3	21.5	25.5	18.9	26.3
South		19.1	21.5	25.6	22.9	17.7	22.3	22.6	20.4	28

Performance Trend
Data is reported in arrears. Performance at a city level and in all localities moved from RED to GREEN in Q4.
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Indicator	7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6-8 weeks)
Purpose	To monitor the extent to which women are stopping breastfeeding in the period between their first visit by the Health Visitor and 6 weeks after birth. Health Visitors encourage women to continue breastfeeding in this period and the aim is to reduce drop off rates over time. This includes exclusive and mixed breastfeeding.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	17/18 Drop Off Rates	22/23 Target	20/21	21/22				22/23			
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
HSCP	**32.3%**	**30.0%**	26.7 (G)	25.7 (G)	24 (G)	23.5 (G)	29.0 (G)	23.5 (G)	24.4 (G)	24.7 (G)	22.4 (G)
NE	39.9%	37.1%	31.8	31.8	30.8	30.7	37.7	28.0	29.2	28.5	26.9
NW	27.2%	25.2%	21.3	21.2	20.1	21.2	20.1	19.2	20.1	22.3	17.7
S	31.3%	29.1%	27.7	26.1	23.2	21.4	29.9	24.0	24.3	23.8	22.6

Performance Trend
Data is reported in arrears. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Performance is below the trajectory target for 2022/23 and is GREEN with drop-off rates decreasing citywide and in all localities between Q3 and Q4.   Back to Summary

HUMAN RESOURCES

Indicator	1. NHS Sickness absence rate (%)
Purpose	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at 4% or below.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Locality	Target	2021/22				2022/23				2023/24		
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
Grand Total	4%	6.41 (R)	7.64 (R)	6.83 (R)	6.39 (R)	6.38 (R)	7.61 (R)	8.09 (R)	7.03 (R)	6.15 (R)	6.65 (R)	6.82 (R)
Adult Services		6.21 (R)	8.43 (R)	7.23 (R)	6.60 (R)	6.58 (R)	8.24 (R)	8.76 (R)	7.06 (R)	6.08 (R)	6.40 (R)	7.06 (R)
Children's Services		6.76 (R)	7.95 (R)	5.77 (R)	5.82 (R)	5.98 (R)	7.17 (R)	7.26 (R)	7.79 (R)	6.28 (R)	6.87 (R)	7.99 (R)
Clinical Director		0.38 (G)	0.90 (G)	4.15 (R)	2.82 (G)	0.38 (G)	5.05 (R)	2.57 (G)	3.67 (G)	2.39 (G)	2.71 (G)	2.02 (G)
Health Improvement		5.21 (R)	5.40 (R)	2.91 (G)	4.24 (R)	5.48 (R)	4.10 (R)	5.51 (R)	7.11 (R)	6.03 (R)	4.61 (R)	2.69 (G)
Older People		6.94 (R)	8.22 (R)	8.54 (R)	7.37 (R)	7.56 (R)	8.10 (R)	6.57 (R)	7.27 (R)	6.61 (R)	7.46 (R)	6.56 (R)
Resources		5.20 (R)	3.81 (G)	3.60 (G)	5.41 (R)	4.90 (R)	5.97 (R)	6.60 (R)	3.18 (G)	2.46 (G)	1.97 (G)	4.18 (R)
Public Protection and Complex Care		8.38 (R)	5.07 (R)	4.48 (R)	5.04 (R)	- (R)	6.25 (R)	7.44 (R)	6.38 (R)	8.22 (R)	10.76 (R)	8.64 (R)

Performance Trend
Variations across areas and over time but performance overall remains above target for the HSCP. Slight decrease in the last two quarters, staying below last quarter's 7.03% high, but increasing 0.67% from April to June, which is slightly higher than the same period 2021 and 2022.

Issues Affecting Performance
This quarter shows a decrease in sickness absence levels across most areas of the HSCP. Except for PP&CC each locality started this quarter with a large decrease (down slightly over 1% on average) this however was followed by an increase in May and June. Overall, still lower than last quarter. Long term absence remains at a higher level than short term absence, however this is still in keeping with established trend. In June 2023 Long Term absence accounted for 4.12% and short-term absence was 2.70%.

Absences recorded as 'Psychological' (which includes all stress related absence) remains the most used absence reason. In June, this accounted for 28.95% of sickness absence, down by 0.65% from March of the previous quarter.

'Other' and 'Unknown' absence accounted for 10.74% and 9.92% of total absence each. Managers continue to be encouraged to ensure that staff absence is correctly coded to ensure accuracy of workforce information provided.

Actions to Improve Performance

1. HSCP HR Team have updated the Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff.
2. Robust links with the HR Support and Advice Unit, via commissioning model and NHS GGC resources and strategies to ensure assistance and guidance is available to HSCP staff and managers.
3. Support management teams to access and analyse available attendance data and identify trends and areas of concern.
4. The HR Team are identifying areas where additional input is required to ensure long term sickness absence is supported by line managers and with support from HR where required.
5. The HR Support and Advice Unit have delivered over 60 Attendance Management awareness sessions this year with more arranged for September.
6. Specific service areas will be targeted for additional HR support and monitoring.

Timescales for Improvement

Ongoing - subject to agreed review periods.

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Indicator	2.Social Work Sickness Absence Rate (Average Days Lost, ADL)
Purpose	To monitor the level of sickness absence across care groups in Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

	2022/23				2023/24			
	Q1				Q4			
	P1	**P2**	**P3**	**P4**	**P1**	**P2**	**P3**	**P4**
ADL Target (10.2 per year/0.2 per week)	**0.2**	**0.8**	**0.8**	**0.8**	**0.2**	**0.8**	**0.8**	**0.8**
Glasgow	**0.4 (R)**	**1.4 (R)**	**1.4 (R)**	**1.5 (R)**	**0.4 (R)**	**1.6 (R)**	**1.5 (R)**	**1.5 (R)**
Resources	0.2 (G)	0.6 (G)	0.8 (R)	0.9 (R)	0.2 (G)	1 (R)	1 (R)	1 (R)
Adult Services	0.3 (R)	1.5 (R)	1 (R)	1.7 (R)	0.3 (R)	1.6 (R)	1.6 (R)	1.6 (R)
Public Protection & Complex Care	0.3 (R)	0.9 (R)	0.7 (G)	1 (R)	0.3 (R)	1.2 (R)	1 (R)	1.2 (R)
Children's Services	0.3 (R)	1.3 (R)	0.9 (R)	1.4 (R)	0.3 (R)	1.5 (R)	1.3 (R)	1.3 (R)
Older People's Services	0.3 (R)	0.9 (R)	1.5 (R)	1.1 (R)	0.3 (R)	1.1 (R)	0.9 (R)	0.9 (R)
Care Services	0.4 (R)	1.9 (R)	1.8 (R)	1.8 (R)	0.4 (R)	1.9 (R)	1.8 (R)	1.8 (R)

Performance Trend
Overall absence performance covering Quarter 1 (Period 1 - 4) for GHSCP shows an increase in Average Days Lost (ADL) compared to same quarter last year (4.7 ADL last year and 5 ADL this year). However, there has been a slight reduction in Older People's Services 3.8 last year and 3.2 this year). *N.B. Social Work absence rates are reported as average days lost (ADL) per employee rather than a percentage figure.*
Issues Affecting Performance
It is recognised that during the period 2020 – 2023 there was a shift in the type of HR support provided to managers as a result of the global Covid19 pandemic. As a result, policy/guidance training for managers was paused and HR took an increased role however to support managers focussing on priority cases.
Actions to Improve Performance
A new HR Training Programme for Managers on Maximising Attendance and Employee Wellbeing has been implemented and will continue to be a priority. Feedback on the training has been positive, with further sessions scheduled until November 2023.   Moving forward, a suite of training options will be developed and promoted to managers and employees on attendance and wellbeing topics, including Myportal.
Timescales for Improvement
With the continued roll out of the priorities within HR Action Plans, it is anticipated that 2023/24 will report positive improvements in concerning trends across GHSCP. Back to Summary

Indicator	3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).
Purpose	To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff. The aim is to increase uptake and to achieve a target of 80%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Area	Target	Mar 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
						2022/23				
Glasgow		25.7 (R)	29.9 (R)	32.0 (R)	31 (R)	29.6 (R)	35.1 (R)	35.5 (R)	35.7 (R)	35.4 (R)
Adult				24.3 (R)	24 (R)	23.4 (R)	26.7 (R)	29.9 (R)	29.7 (R)	29.9 (R)
Children's Services				48.4 (R)	46 (R)	46 (R)	50.2 (R)	52.0 (R)	52.2 (R)	57.6 (R)
Health Improvement	**80%**			52.1 (R)	49 (R)	38.7 (R)	38.1 (R)	36.7 (R)	40.3 (R)	43.2 (R)
Older People				31.3 (R)	27 (R)	25 (R)	28.4 (R)	31.6 (R)	32.4 (R)	32.8 (R)
Public Protection & Complex Care				20.9 (R)	19 (R)	23.9 (R)	24.4 (R)	24.8 (R)	24.2 (R)	21.2 (R)
Resources				33.1 (R)	32 (R)	38.6 (R)	50.6 (R)	52.1 (R)	53.1 (R)	50.5 (R)

Performance Trend
Performance has improved in the last quarter. There are wide variations across services however all services require significant improvement to move towards target performance. Performance reported by service area from April 2022 rather than locality which has been previously used, so no historical data available apart from at city level.

Issues Affecting Performance
Covid-19 has continued to have an impact and it is important that KSF processes recognise the difficulties faced in the last two years and is seen as an integral part of the support mechanisms in place for staff.

Actions to Improve Performance
- An annual trajectory (updated monthly) has been created for the HSCP   - The KSF Steering Group will provide the SMT with recommendations to improve performance and to implement service level trajectories   - Issued guidance to local managers on ensuring staff are aligned correctly to managers   - Monthly named data is provided to all service areas via local HR Managers and Learning and Education Advisors and performance is monitored monthly to encourage improvement   - Reviewers are advised to take a supportive approach to the discussion, ensuring that it is a "wellbeing" conversation with staff and that it also includes "financial wellbeing", so that staff can be signposted to the right supports. The TURAS review meeting is deemed an opportunity to have that meaningful conversation.

Timescales for Improvement

Improvements sought in future quarters.

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Indicator	4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline
Purpose	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Locality	Target	20/21	2021/22				2022/23					
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
Glasgow	100%	44% (R)	49% (R)	44% (R)	60% (R)	56% (R)	42% (R)	29% (R)	62% (R)	42% (R)	39% (R)	52% (R)

Performance Trend

Performance fluctuates but has declined between March and June and remains RED.

Issues Affecting Performance

While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion also be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods.
Managers receive notification of the induction due date and 2 further reminders.

Actions to Improve Performance

- Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement.
- Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting.

Timescales for Improvement

Ongoing improvement will be sought through the above steps.

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Indicator	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline
Purpose	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Locality	Target	2021/22				2022/23				2023/24		
		Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23
Glasgow	100%	43% (R)	69% (R)	59% (R)	52% (R)	83% (R)	68% (R)	60% (R)	58% (R)	30% (R)	55% (R)	44% (R)

Performance Trend

Performance fluctuates but has declined between March and June and remains RED. Performance is significantly lower that the same time period last year.

Issues Affecting Performance

While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods.

Actions to Improve Performance

- Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement.
- Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting.

Timescales for Improvement

Ongoing improvement will be sought through the above steps.

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BUSINESS PROCESSES

Indicator	1. Percentage of NHS Stage 1 complaints responded to within timescale
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 5 days normally for stage 1 or 10 days if extension given). New indicator introduced following new complaints procedures for both social work and health coming into effect on the 1st of April 2017.
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Locality	Target	2020/21				2022/23			2023/24	
		Q1 % of no.	Q2 % of no.	Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2/3* % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.
City		95.8% (G) 263	92.2% (G) 256	95.1% (G) 162	89.1% (G) 174	88.6% (G) 318	80% (G) 230	82.8% (G) 314	93.4% (G) 336	
North East		82.3 (G) 17	91.7 (G) 24	82.6 (G) 23	72.2 (G) 18	85 (G) 40	92.8 (G) 14	88.5 (G) 26	83.3 (G) 18	
North West	70%	75 (G) 16	76.2 (G) 42	85.7 (G) 21	76.2 (G) 42	92.3 (G) 78	71.2 (G) 80	80.8 (G) 78	89 (G) 100	
South		88.9 (G) 9	85.7 (G) 14	100 (G) 12	85.7 (G) 14	100 (G) 44	78.9 (G) 38	100 (G) 2	N/A 0	
Prisons		98.6 (G) 221	96.6 (G) 176	99 (G) 106	98 (G) 100	84.6 (G) 156	85.7 (G) 98	82.7 (G) 208	97.2 (G) 218	

*Figures for Q2 and 3 were combined for this report.

Performance Trend
HSCP at a city level remained GREEN and improved. Variations across localities and over time. The majority of complaints relate to prisons, so these largely determine overall HSCP performance. Back to Summary

Indicator	2. Percentage of NHS Stage 2 Complaints responded to within timescale.
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days for stage 2).
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Locality	Target	2020/21				2022/23			2023/24	
		Q1 % of no.	Q2 % of no.	Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2/3* % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.
City		64% (R) 145	78% (G) 145	43.2% (R) 155	58% (R) 151	49% (R) 147	69% (G) 124	80.5% (G) 77	65.3% (R) 95	
North East		83 (G) 6	100 (G) 2	100 (G) 1	80 (G) 5	0 (R) 3	100 (G) 3	80 (G) 5	100 (G) 4	
North West	70%	57 (R) 23	52 (R) 23	40 (R) 25	67 (A) 24	69 (G) 32	58 (R) 26	84.2 (G) 19	66.7 (A) 12	
South		69 (G) 16	61 (R) 18	80 (G) 10	64 (R) 11	56 (R) 18	71 (G) 17	100 (G) 3	N/A 0	
Prisons		64 (R) 100	86.3 (G) 102	37.8 (R) 119	54.1 (R) 111	42.5 (R) 94	70.5 (G) 78	68 (G) 50	63.3 (R) 79	

*Figures for Q2 and 3 were combined for this report.

Performance Trend
HSCP as a whole moved from GREEN to RED as did Prisons, while the North West moved to AMBER from GREEN. The majority of complaints relate to prisons, so these largely determine overall HSCP performance.

Issues Affecting Performance
City-wide, and in particular within prisons which account for the majority of complaints, volumes of complaints received increased during this period – city wide, complaints received rose 23%, and within Prisons there was an increase of 58%.

Actions to Improve Performance
Given the high performance during previous quarter, it is expected that the drop in performance in this quarter is directly related to demand, rather than performance, however managers should emphasise importance of completing responses within 20 working days where possible, as per NHS CHP.

Timescales for Improvement
Improvement expected in Q2.

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Indicator	3. Percentage of Social Work Stage 1 Complaints responded to within timescale.
Purpose	To monitor performance in relation to the agreed SWS target time for responding to complaints at Stage 1 (target is 5 days or 15 days if extension applied). This indicator is reported one quarter in arrears.
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Locality	Target	20/21 Q4 % of no.	21/22 Q1 % of no.	Q2 % of no.	Q3 % of no.	Q4 % of no.	22/23 Q1 % of no.	Q2 % of no.	Q3 % of no.	Q4 % of no.
City		50% (R) 34	76% (G) 107	74% (G) 134	74% (G) 121	71% (G) 106	67% (A) 84	68% (A) 102	62% (R) 117	62% (R) 133
North East		62% (R) 8	94% (G) 16	83% (G) 18	71% (G) 17	60% (R) 10	73% (G) 11	43% (R) 7	81% (G) 16	75% (G) 8
North West		25% (R) 4	78% (G) 8	79% (G) 14	64% (R) 11	57% (R) 7	80% (G) 10	67% (A) 6	45% (R) 11	27% (R) 15
South	70%	40% (R) 10	63% (R) 16	58% (R) 24	45% (R) 22	55% (R) 11	63% (R) 8	29% (R) 7	26% (R) 23	29% (R) 21
Home-lessness		67% (A) 6	67% (A) 6	62% (R) 13	100% (G) 10	38% (R) 13	60% (R) 10	61% (R) 18	75% (G) 8	45% (R) 11
Home Care		N/A	81% (G) 53	77% (G) 61	51% (R) 55	87% (G) 60	64% (R) 44	76% (G) 58	75% (G) 53	82% (G) 67
Centre		50% (R) 6	75% (G) 8	100% (G) 4	100% (G) 6	75% (G) 5	100% (G) 1	56% (R) 6	67% (A) 6	64% (R) 11

Performance Trend

This indicator is reported **one quarter in arrears**.

During Q4 overall performance at city level, in North West and South remained below target and RED. Performance fell in the Homelessness team with the RAG rating moving from GREEN to RED and in the Centre Team which moved from AMBER to RED. Both North East and the Home care Team continued to exceed target remaining GREEN during the reporting period.

Issues Affecting Performance

While there has been improvement in performance in Homecare, and a small improvement in South, performance has dropped across the City. All stage 1 complaints continue to be passed to the appropriate areas in good time, and with advice to apply extensions where necessary, however extensions were not requested in good time in the majority of cases.

Further clarity on the causes of delay is required, however there can be many reasons for delay and there is currently a lack of information available to identify any specific reasons for these failures.

Actions to Improve Performance

CFIT to continue to encourage use of 5 day extension where appropriate as this can often ensure first stage complaints can meet appropriate timescale for response. Locality staff are required to be familiar with complaints timescales, and extensions, and apply these appropriately. CFIT, SW Reporting and Business Admin to review processes with aim to improve recording of reasons for delays, with aim of developing a tool that can identify the reasons for delays as a first step towards addressing these failures.

Timescales for Improvement

Process changes ensuring more detailed analysis not expected to impact until Q2, 23/24 at earliest.

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Indicator	4. Percentage of Social Work Stage 2 Complaints responded to within timescale
Purpose	To monitor performance in relation to the agreed SWS target time for responding to complaints at stage 2 (target is 20 days). This indicator is reported one quarter in arrears.
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	20/21				21/22				22/23			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.
70%	59% (R) 39	76% (G) 58	84% (G) 68	89% (G) 70	87% (G) 52	78% (G) 67	70% (G) 53	80% (G) 81	73% (G) 56	64% (R) 84	57% (R) 70	56% (R) 85

Performance Trend
This indicator is reported **one quarter in arrears**. Performance in relation to stage 2 complaints fell very slightly during Q4 (RED).

Issues Affecting Performance
The small further drop in performance in Q4 is attributable to three factors. Firstly, following the loss of an experienced Senior Officer at the beginning of Q2, no replacement was recruited until midway through Q4, meaning complaints handling capacity of the team was down by 20% - the new team member will require some time to build experience and knowledge. In addition, the Principal Officer post remained vacant for this quarter while recruitment was undertaken, reducing overall capacity further. Finally, the continuing high demand in relation to Subject Access Requests (SAR) (see **Indicator 6**) necessitates prioritisation of SAR workload, reducing capacity for complaints handling.

Actions to Improve Performance
Recruitment of replacement member of staff required. Also, necessary to prioritise SAR work on an ongoing basis, so it is not possible to devote additional resource to addressing this matter at this time.

Timescales for Improvement
Improvement not expected until recruitment of a replacement member of staff sufficiently trained in complaints handling, estimated to be during Q1 of 23/24. Improvement, however, will continue to be impacted by requirements around SAR processing.

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Indicator	5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days
Purpose	This indicator monitors social work performance in relation to the timescale for the completion of Freedom of Information (FOI) requests; it is reported one quarter in arrears.
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	20/21				21/22				22/23			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.
100%	95% (R) 61	99% (G) 80	100% (G) 75	98% (G) 90	98% (G) 83	98% (G) 98	98% (G) 90	97% (G) 108	96% (A) 77	95% (R) 99	89% (R) 135	90% (R) 143

Performance Trend

This indicator is reported **one quarter in arrears**.

Performance in relation to FOIs improved slightly during Q4 but remained RED.

Issues Affecting Performance

All SWS FOIs are handled by the Complaints, FOI and Investigations Team (CFIT) who have been subject to additional pressures relating to increasing demand for Subject Access Requests, which are handled by the same team. In that context, meeting demand for FOIs became more challenging over the past two years, however performance is still high and had improved fractionally in this quarter. Staff capacity in the team remains reduced at this time, and after demand increased by 36% in Q3, there was a further 6% increase in demand in this quarter, leading to the second consecutive all-time high for number of requests received. In this context, the performance of the team has been excellent despite failing to meet the target of 100%.

Actions to Improve Performance

CFIT are in the process of recruiting a replacement for the staff member who has left, and another backfill recruitment for a member of staff who has gained promotion, but once a full complement of staff if in place it is expected that performance will improve further.

Timescales for Improvement

It is anticipated that demand will reduce in the next quarter, and that the high of 143 requests is an anomaly, with further improvement towards 100% compliance expected by Q1, 23/24, provided new/replacement staff can be brought into the team and upskilled within that period.

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Indicator	6. Percentage of Social Work Data Protection Subject Access Requests (SARs) completed within the required timescale
Purpose	This indicator monitors social work performance in relation to the timescale for the completion of Data Protection Subject Access Requests; it is reported one quarter in arrears.
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	20/21			21/22				22/23			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	% of no.	*% of* no.	*% of* no.	*% of* no.	*% of* no.	*% of* no.	*% of* no.	*% of* no.	*% of* no.	*% of* no.	*% of* no.
100%	34% (R) 95	19% (R) 110	21% (R) 109	41% (R) 144	33% (R) 116	38% (R) 129	35% (R) 200	13% (R) 249	18% (R) 256	34% (R) 182	40% (R) 200

Performance Trend
This indicator is reported **one quarter in arrears**. Performance in relation to Subject Access Requests improved further during Q4 but remained RED.

Issues Affecting Performance

As previously reported, a number of severe long-term pressures inhibit performance of this function. There is continuing high demand - for historic archived social work files in particular - associated with rising public interest in researching personal / family history and ongoing national abuse inquiries. After a reduction in demand in Q3, demand has increased again in Q4.

There is a rolling backlog resulting from initial Covid-related issues arising in 2020 and massive increase in demand resulting from the Redress Scotland scheme and Scottish Government advice to applicants to submit SARs to Local Authorities to support their applications. Cases are being cleared from it, but not at a higher rate than incoming demand. The figures above only report on the closure of cases within legal deadlines. Any 'legacy' cases closed from the backlog are, by definition, no longer within legal deadlines and do not contribute to the performance figure in the table above. The figures above reflect the proportionate closure of *new* cases within time, with the remainder being channelled into the backlog. Those cases cannot ordinarily be prioritised over ones already in the backlog. These figures therefore do not reflect team performance in terms of the sustained and intensive work being done to close both new cases and those older cases within the backlog.

Despite these figures, it is the view of team management that the team is functioning at an appropriate and more than adequate performance level, given the scale of the challenge and resources currently available. While not reflected in the figures reported, the volume of SAR processing completed in the period remains very high.

Actions to Improve Performance

The team will continue to focus on clearing the backlog, the existence of which creates the most pressing issue both in terms of poor customer service and financial and reputational risk for the Council.

New staff have joined the team for a period of two years to assist to clear the backlog. In addition, other staff able to provide support on an overtime basis are being identified and will assist once appropriate systems access and training can be supplied. Once the new staff are in post and the additional resources are available the backlog should begin to reduce again and gradually be eliminated, but this may not immediately impact performance as measured in this table, for the reasons explained above.

Timescales for Improvement

It is not anticipated these issues will be fully resolved until early 24/25 at the earliest, as demand continues to outstrip the capacity of the team to address it.

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Indicator	7. Percentage of elected member enquiries handled within 10 working days.
Purpose	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Locality	Target	21/22				22/23				23/24
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
		% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.
City		85% (G) 249	83% (G) 348	81% (G) 279	83% (G) 408	79% (G) 435	80% (G) 452	72% (R) 425	73% (R) 421	80% (G) 478
North East		91% (G) 56	88% (G) 66	92% (G) 48	86% (G) 78	93% (G) 91	93% (G) 116	89% (G) 92	89% (G) 81	97% (G) 87
North West	80%	92% (G) 50	85% (G) 68	78% (A) 63	87% (G) 100	95% (G) 83	85% (G) 72	86% (G) 121	90% (G) 94	94% (G) 71
South		79% (G) 57	90% (G) 106	82% (G) 90	75% (R) 100	68% (R) 102	76% (R) 88	60% (R) 108	59% (R) 85	67% (R) 87
Centre		79% (G) 75	70% (R) 101	77% (A) 66	79% (G) 106	65% (R) 136	68% (R) 160	48% (R) 97	61% (R) 157	73% (R) 220
Care Services (prev. Cordia)		100% (G) 11	100% (G) 7	75% (R) 12	100% (G) 24	91% (G) 23	100% (G) 16	100% (G) 7	100% (G) 4	92% (G) 13

Performance Trend

During Q1 performance at city level met target moving from RED to GREEN. Performance continued to exceed target (GREEN) in North East, North West and for Care Services. Performance remained below target (RED) for South and Centre although there were improvements of 8 and 12 percentage points respectively during the reporting period.

The number of enquiries received (478) increased by over 13% in comparison to year-end (Q4, 421); demand has continued to remain high since Q4 21/22.

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APPENDIX 1 – OTHER INDICATORS

In this Appendix, we include data on annually reported Ministerial Strategic Group Indicators; the Core Suite of 23 National Integration Indicators; and 'Other Indicators'. The latter are a mix of indicators which include those locally delivered but which are only annually/biennially reported; others which are delivered by external organisations; as well as population statistics which we seek to influence but which we do not have sole control over.

1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	Area	15/16	16/17	17/18	18/19	19/20	20/21	21/22	Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	86.0%	86.7%	87%	87.2%	87.4%	**89.3% (G)**	**89.3%* (G)**	**87.8%**
	Scotland	87.0%	87.3%	88.0%	88.0%	88.3%	90.2%	89.8%	**N/A**
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.5%	94.7%	95%	94.9%	94.9%	**95.2% (G)**		**95.4%**
	Scotland	95.7%	95.8%	96%	96%	96.1%	96.3%		**N/A**

*Provisional

2. NATIONAL INTEGRATION INDICATORS

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships. The Integration Indicators are grouped into two types of measures. 9 are Outcome indicators based on feedback from the biennial Scottish Health and Care Experience survey (HACE), which was undertaken using random samples of approximately 15,000 patients identified from GP practice lists in the city. The remaining 14 indicators are derived from partnership operational performance data. Of these Operational indicators, 10 are currently reported upon, with a further 4 indicators currently under development by NHS Scotland Information Services Division (ISD). Details of performance in relation to these indicators can be accessed in our Annual Performance Reports where comparisons are made over time and with the Scottish average.

3. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Local HSCP Services								
1. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	N/A	21/22	**57%**	N/A	N/A	N/A	Performance above the Scottish average (48%). This has reduced from the 2019/20 figure of 72% (from 21/22 Health & Care Experience Survey).
2. % able to able to see or speak to a doctor or nurse within two working days	NHS LDP Standard Outcome 9	N/A	21/22	**85%**	N/A	N/A	N/A	Performance the same as the Scottish average. This compares to 92% in 2019/20 (from 21/22 Health & Care Experience Survey).
3. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 22	**N/A**	**78.1% (G)**	**78.4% (G)**	**60.9% (G)**	Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually. Figures in 2022 were 100% (NE); 96.08% (NW); 98% (S). Next update due for Jan-Mar 2024 in June 2024.
Externally Delivered Services								
4. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks		90% within 4 weeks	Mar 23	**42% (R)**	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Increased from 32% in March. Produced monthly.
5. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q1	**91.1% (G)**	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Increased slightly since Q4 when was 91%.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
6. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% within 12 weeks	Jun 23	97.6% (G)	N/A	N/A	N/A	This service is hosted by the Acute Sector. Decreased from 99.1% at end of Q4. Produced monthly.
7. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Jun 23	90.77% (R)	88.6% (R)	90.6% (R)	92.2% (R)	This service is hosted by East Dunbartonshire HSCP. Figures for Mar 23 were 74.5% (City); 98.9% (NE); 59.8% (NW); 66.7% (S).
8. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	Apr20 to Mar22	56.3% (R)	55.9% (R)	57.1% (A)	56.1% (R)	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2022. Previous figures for 2019-21 were 54.7% (citywide); NE 54%; NW 55.2%; S 54.7%.
9. Percentage of women invited who attend for breast screening	Local HSCP indicator Outcome 1	70%	Apr19 to Mar22	65.3% (R)	62.5% (R)	63.7% (R)	68.5% (G)	HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2022. Last report was for 19/20 and only Scotland information was available when was 72%.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
10. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2020/ 21	59.5% (R)	61.3% (R)	52.8% (R)	65.3% (R)	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2022. Previous figures were 58.6% citywide; NE 61.1%; NW 52.1%; S 63.2%.
11. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months	Local HSCP indicator Outcome 1	75%	2021-22	77.3% (G)	73.6% (G)	76.3% (G)	80.9% (G)	From Annual NHSGGC screening report last produced Dec 2022. Previous figures for 19/20 were 74.8% (City); 73.1% (NE); 76.4% (NW); 75% (S).
Population Statistics								
12. % of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar 23	36.7% (R)	40.9% (R)	36% (R)	34% (R)	Provisional figures shown for Mar 23. Figures for Sep 22 (also still provisional) are 29.7% (City); and for localities 33.2% (NE); 29.2% (NW); 27.3% (S).
13. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Mar 23	73.9% (R)	76.7% (R)	72.3% (R)	72.9% (R)	Provisional figures shown for Mar 23. Figures for Sep 22 (also still provisional) are 77% (City); and for localities 80% (NE); 76% (NW); 75.3% (S).
14. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	Oct 2020	60.1% (G)				Performance below the Health Board average of 68.7% in 2020. A 2022 report has since been produced which is at Health Board level only due to Covid and shows a slight increase to 69.1%. Normally produced 2 yearly by Public Health Scotland but next one due late 2023.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
15. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2019	**72.8% (G)**				Performance has increased since 2017 when was 69.1%. Below Health Board average of 76.4% which also rose from 73.1% in 2017. Produced 2 yearly by Public Health Scotland but Covid-19 has delayed latest update which is not now due until Oct 23.
16. Number of drug elated deaths	Local HSCP indicator Outcome 1	N/A	2022	**196**				Figures published annually by NRS. Last updated 22 August 2023, next update Aug 2024. Figures in previous years were 157 (2015); 170 (2016); 192 (2017); 280 (2018); 279 (2019); 291 (2020); 311 (2021).
17. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2021	**188**				Figures published annually by NRS. Last updated August 2022, next update due Aug 23. Figures in previous years were 166 (2015); 187 (2016); 186 (2017); 146 (2018);143 (2019); 163 (2020).
18. Deaths from suicide	Local HSCP indicator Outcome 7	N/A	2021	**106**				Figures published annually by NRS. Last updated Aug 2022, next update due Aug 23. Figures in previous years were 69 (2015); 91 (2016); 88 (2017); 99 (2018);106 (2019); 104 (2020).

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Outcome 5	Health and social care services contribute to reducing health inequalities
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
Outcome 7	People using health and social care services are safe from harm
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

Priority 1   Prevention, early intervention, and harm reduction

Priority 2   Providing greater self-determination and choice

Priority 3   Shifting the balance of care

Priority 4   Enabling independent living for longer

Priority 5   Public Protection

APPENDIX 4 – APR KPIs

The following core set of KPIs from this report are included in the HSCP's Annual Performance Report and are used to show trends over time, along with the National Integration Indicators.

1. Number of Anticipatory Care Plan (ACP) summaries completed and shared with the patient's GP

2. Number of Clustered Supported living tenancies offered

3. Percentage of service users who receive a reablement service following referral for a home care service

4. Number of Telecare referrals received by Reason for Referral

5. Total number of Adult Mental Health delays (Adults and Older People)

6. Intermediate Care: % Users Transferred Home

7. New Accident and Emergency Attendances (18+)

8. Number of Emergency Admissions (18+) (MSG Indicator)

9. Number of Unscheduled Hospital Bed Days (Acute and Mental Health) (MSG Indicator)

10. Total number of Acute Delays

11. Total number of Bed Days Lost to Delays (All delays and all reasons 18+) (MSG Indicator)

12. Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement

13. Percentage of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks

14. % of young people currently receiving an aftercare service who are known to be in employment, education or training

15. Number of out of authority placements (children)

16. Mumps, Measles and Rubella (MMR) Vaccinations: (% uptake at 24 months + 5 years)

17. Psychological Therapies: % of people who started treatment within 18 weeks of referral

18. % of clients commencing alcohol or drug treatment within 3 wks of referral

19. Number of households reassessed as homeless/ potentially homeless within 12 months

20. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence

21. Percentage with a Case Management Plan within 20 days (CPOs; DTTOs; Throughcare Licences)

22. Alcohol Brief Intervention Delivery

23. Smoking Quit Rates at 3 months from the 40% most deprived areas

24. Women smoking in pregnancy (general population + most deprived quintile)

25. Exclusive Breastfeeding at 6-8 weeks (general population + most deprived quintile)

26. NHS Sickness Absence rate (%)

27. Social Work Sickness Absence Rate (Average Days Lost)